**Centre name:** A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.

**Centre ID:** OSV-0004907

**Centre county:** Dublin 20

**Type of centre:** Health Act 2004 Section 39 Assistance

**Registered provider:** Daughters of Charity Disability Support Services Ltd.

**Provider Nominee:** Mary Reynolds

**Lead inspector:** Valerie McLoughlin

**Support inspector(s):** Gearoid Harrahill;

**Type of inspection** Announced

**Number of residents on the date of inspection:** 18

**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 14 July 2015 09:30  
To: 14 July 2015 16:30

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

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**Summary of findings from this inspection**

This registration monitoring inspection of Elms Group- St Louise’s Residential Services, Daughters of Charity was announced and took place over one day. This is the first inspection of this centre by the Health Information and Quality Authority (the Authority). As part of the inspection, Inspectors met with residents and staff members. Inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. Staff files for this centre had been reviewed prior to this inspection. Inspectors received questionnaires from residents and relatives which were complimentary of the service being provided at the centre.
The designated centre comprises of three houses which form part of a larger campus. A support inspector focused on the outcome related to premises and the lead inspector visited the three houses where residents lived.

The aim of this residential service is to provide long term residential care to male and female people living with disabilities. Residents over forty years of age with physical, intellectual sensory and neuro-disability, and dementia related conditions are accommodated in this centre. A number of residents have lived at the centre for number of years and are very settled in their environment.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory.

The provider nominee, Mary Reynolds is accountable to the board for nine centres, one of which includes the Elm’s Group. Ms. Reynolds had applied for 18 places' (six people living in each bungalow).

A fit person interview was carried out with the nominated person on behalf of the service on a previous inspection. She was found to be knowledgeable in her role and the requirements of the regulations. The provider nominee was supported by a team of nurse managers who were available to monitor the quality of care and supervise staff.

Inspectors found that residents' healthcare needs were met to a high standard.

Staff supported and encouraged residents to participate in the running of the centre and to make choices about their lives.

There were regular meetings for residents and residents’ communication needs were assessed and met to a good standard.

During the inspection, staff were seen to treat residents with dignity and respect, facilitating individual routines and practice in a manner maximising residents’ independence where possible. Support plans showed that staff facilitated residents to exercise civil, political and religious rights. Residents were supported to attend mass off campus with staff support.

Residents lived in a very pleasant environment that was well maintained, and met their needs. The staff team that supported them was very caring and knowledgeable about their needs, and they supported and encouraged individuals to be as independent as possible in relation to their assessed needs.

Inspectors found that residents were engaged in a range of activities during the day, and there were opportunities for them to take part in some activities of their choice but this was limited in the evening time and at weekends due to inadequate staffing levels.
The provider nominee was actively recruiting additional staff to enable residents to have a better quality of life and it was envisaged that three new staff would be in place in this designated centre by the end of September, with a full staffing compliment in place by December 2015.

Inspectors found that residents were supported to develop and maintain personal relationships and links with their family and they were encouraged and welcomed to be involved in the lives of residents.

The location, design and layout of the centre are 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.

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

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

There was minimal use of restrictive procedures, and staff were working towards a restraint free environment.

An annual report of the quality and safety of care and support in the designated centre was available to the Chief Inspector, and a copy of this was also available to residents in an accessible format.

The Statement of Purpose met the requirements of the regulations.

There were one area for improvement following this inspection; improvement in staffing levels to ensure that residents could access the community in the evening time and over the weekend.

This non compliance is discussed in the body of the report and included in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy services and this information was accessible in a word/picture format in the front hallway. Information about residents’ rights was available to residents and residents were supported by staff to be aware of their rights.

Inspectors found that residents were consulted via the residents committee about how the centre was managed. There was weekly discussion with the residents to plan things like social activities, the menu, maintenance issues, household tasks and discussions about what to plant in the garden. Staff provided examples of how they supported residents to be involved in making decisions about their daily routine, such as how they decorated and cared for their home.

Residents said that they felt that staff listened to them, and one resident said, “I will tell the staff what I want”.

There was a resident’s guide available for everyone in the centre, this included information about the services provided to them and the procedure for making complaints. Residents spoken with said they would talk to a staff member if they had any worries.

There were complaints booklets available in word/picture format on a table next to the front door.

The complaints policy met the requirements of the Regulations, for example it clearly
outlined the appeals process. Staff interviewed were aware of the complaints procedure and they told inspectors that there had been no complaints received. The person in charge was knowledgeable about the management of complaints and was aware that the satisfaction of the complainant would need to be recorded and the issue of concern monitored as part of the quality improvement process.

The person in charge explained that any concerns residents expressed was resolved during the residents committee meeting. Residents said that the staff listened to them and were responsive to their needs, for example in planning meals and supporting residents to visit their General Practitioner (GP), and going shopping whenever they wished. Relatives reported that staff listened to residents; they said, “Staff make the residents feel important, and they listen to them”.

Residents reported that they felt they were involved in making decisions about their daily routine, such as when to have their meals and what time they got up in the mornings. Relatives reported in the questionnaire that residents were not pressurised to take part in activities, they could choose to opt out of planned activities and do whatever they choose.

Residents were supported to take risks in their daily lives, following risk assessments of their skills and abilities to identify the support they required. For example, there was a system in place to enable residents to be independent in visiting their friends in other houses on the campus.

Inspectors found that while residents were supported by staff to develop and maintain personal relationships, there was not always enough staff on duty to provide consistent support to residents to develop links with the wider community. This is discussed in more details under outcome 3 and 5 and 10, and actioned under outcome 16; Resources.

There is a policy on residents’ personal property, personal finances and possessions. Residents’ personal property including small amount of monies kept safe in the house through appropriate practices and record keeping. The person in charge audited the procedure of managing residents’ monies regularly, to ensure staff were adhering to the policy. Inspectors found that the person in charge maintained an up to date list of residents’ personal possessions in line with their policy, as required by the Regulations.

Inspectors found that there was adequate space in residents’ bedrooms for clothing and personal possessions. Residents said that they liked their bedroom. Inspectors observed residents and staff to have a friendly, caring relationship. Relatives’ comments in the feedback questionnaire indicated that they were happy with the care and support their family members received.

Staff respected residents’ personal information. Inspectors saw that resident’s files were stored securely to maintain confidentiality. Residents had access to a phone to make calls in private if they wished.

**Judgment:**
Compliant
**Outcome 02: Communication**  
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
Inspectors found that staff responded effectively to the communication support needs of residents.

The communication policy was reflective of the communication practices used in the centre. Relevant information was available throughout the centre in accessible formats. For example, the daily activity programme and menu choices were in pictorial form for residents to support residents making a choice.

Staff were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident. Residents were seen communicating well with staff and other residents throughout the inspection.

Personal plans detailed residents preferred method of communication, for example, the use of hand gestures, pictures and the use of plain sentences. This was in line with the centres policy.

Residents were assisted and supported to communicate, appropriate to their identified needs. For example, one communication plan also stated, “I hate being rushed”. Inspectors observed staff to take time with residents and to explain procedures prior to carrying them out, for example prior to using the hoist to transfer a resident to bed for an afternoon nap.

The staff had included detailed communication plans relating to appropriate responses when a resident may require assistance, or a concern which allowed for consistency and reassurance to be offered at this time. For example, “staff need to know my routine to avoid stress and confusion”, Inspectors observed that staff maintained residents routines, for example, the time they liked to go for a nap, and where they like to eat and whether they like to dine with company or alone.

Staff were seen to have a good knowledge of residents’ communication styles and for those who were did not communicate verbally, they were aware of how to interpret gestures and residents moving around the premises.

Some residents were unable to communicate verbally and their communication plans were reflective of their assessed needs and implemented in practice. For example, one residents plan stated, “I will stand up by my armchair to indicate that I need assistance”. Inspectors observed staff being attentive to those residents who were
unable to communicate verbally. For example, in assisting residents when they indicated
they required some support, for example to go for a walk, or to go to the bathroom.

Some staff used sign language, and some pictures were used in the designated centre,
for example pictures of the meal choices, and easy read versions of policies and
procedures.

The speech and language therapist had commenced an assessment of need for some
residents to provide a trial on assistive technology to see if it would be of benefit to
residents, for example the use of an iPad.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with
the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The centre was campus based. Residents were seen to have access to radio, television,
internet, social media and information on local events. There had been a family day
during that residents were said to have enjoyed.
Inspectors found that residents were supported to develop and maintain personal
relationships. However the number of staff on duty could be improved to enable
residents to develop links on a more consistent basis with the wider community. The
action in relation to this under Outcome 16.

Some relatives expressed some concern about the staffing levels and said, “The staffing
has been cut for the past few years, and “staffing shortages have slowed things down”.
This is actioned under outcome 16; use of Resources.
Residents told inspectors that they were able to see their family and friends at times
that suited them, and that they could see them in private. Inspectors observed staff
supporting residents to visit their friends in other houses on the campus.

Inspectors reviewed the policy in place about visitors. There are no restrictions on visits
by friends, except when requested by the resident or when the visit or timing of the visit
is deemed to pose a risk. Family members said that they are always made feel welcome
by the staff and that they could visit at any time.

Support plans set out the key relationships in resident’s lives as part of their support
network, and any support that was needed to maintain those relationships. There were
records of the contact residents had with their family and others.
A number of residents spent weekends at home with their family, and went on holidays with family members or staff. Family members were very complimentary about the level of support they received from staff in arranging this family time out. Key workers were in the process of rolling out these plans for all residents, where relatives would be invited to participate in the planning process with the resident.

Residents also enjoyed getting together with their friends and family. A log was kept in each residents’ file of their family members and friends and staff supported residents to maintain family relationships. Family visits were also recorded, and where residents did not receive many visitors the staff endeavoured to maintain family links.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The admission process was in line with the statement of purpose. Residents had a contract of care in place as required by the Regulations. It included details of the services to be provided for that resident and the fees to be charged and any additional charges.
Each resident had a financial agreement in place that outlined payment details for rent, food, ability bills and day care services.
There was a comprehensive policy in place which outlined the process to support residents moving in and out of the centre.

Admission to the service is arranged through the admissions, discharge and transfers committee which is recorded in the statement of purpose as being guided by the philosophy and ethos of the Daughters of Charity. The policy stated that residents’ views would be sought from current residents prior to a new person moving in.

**Judgment:**
Compliant

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**Outcome 05: Social Care Needs**

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found that residents’ general welfare and development was being facilitated. Each resident had opportunities for new experiences, social participation and activities that matched their preferences. Factors that limited residents’ access to activities at weekend were discussed under Outcome 1 and 3.
Each resident had their own weekly schedule that included a wide range of activities suitable to their assessed needs and based on their preferences, such as skills training, support with household tasks and some social activities on and off campus.
Residents were reviewed at the multidisciplinary team and there was recorded evidence that some family members attended also. Psychology and psychiatric services were available to residents as required. Records showed that they were involved in residents care and their recommendations were implemented, monitored and reviewed.

Staff told the inspectors that they had commenced the development of personal plans for all residents. There was recorded evidence in residents’ files of written contact with family members inviting them to participate in the development of personal plans and goals for residents. Some records seen by the inspectors indicated that meetings had been held with family members and it was envisaged that all residents would have a personal plan in place and goals realised for 2016. This was in line with the services mission statement which stated, “in keeping with the core values, each service user’s choice, expression, voice and opinions are valued and encouraged so that their needs, dreams and aspirations are met”.

Staff were very enthusiastic in gathering information from family and friends to ensure that residents had a good quality of life. Staff had also received training in dementia related care and they were in the process of collating resident life stories for the purpose of reminiscence therapy.

It was clear from a review of the records and from chatting with the residents that where possible they were involved in developing their support plans as much as possible. Residents were asked what they liked to do with their time, for example some residents liked to spend time in their bedroom, or to sit in the small sitting room. Staff were familiar with residents’ preferences and dislikes. For example, one resident did not like to go for walks in windy weather, and staff provided alternative activities in the house for occupation and recreation.

Reviews were completed annually in consultation with residents or more frequently if
required. Some residents stated in the questionnaire that they had been involved in developing the personal plan and that they were always kept up to date with any changes.

The person in charge and the staff kept family members up to date with residents changing needs. Relatives were complimentary of the support received from staff. One relative said, “staff give a high level of care; they go above and beyond the call of duty for the residents”.

Some residents attended day services if they wished on a sessional basis where they took part in activities of interest to them, and made new friends. Other residents choose not to attend day services and staff ensured suitable activities were available to meet residents needs such as attending a retirement group, going out to the shop’s and meeting their friends in the community and having friends over to their home.

Residents were registered to vote, and supported to access the polling station if they wanted support.

There was a policy in place to support residents moving within the service or between the service. It included, how the residents and family would be involved in decision making and supported regarding any planned transfers or discharge. There were no transfers or discharge from the service on the day of inspection.

**Judgment:**
Compliant

### Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The designated centre was made up of three neighbouring purpose built bungalows. They were found to be clean, modern, homely, bright and well decorated.

The layout of the bungalow was suitable to meet the needs of the residents. Doors and hallways were suitably wide for residents with low mobility or wheelchair users, with the hallways lined with full length handrails. Each bungalow had a large living room and dining area which was suitably furnished, decorated and clear of obstructions or hazards. There was a second small sitting room in which residents could be alone or
receive visitors in a private space. There was a kitchen area in each house, though regular meals were provided for by the centre's main canteen. Each bungalow had its own laundry facilities.

Inspectors observed an appropriate number of bathrooms in each bungalow, which were spacious and equipped with suitable wetrooms, shower furniture, grab rails and low level ware for residents with reduced mobility. The residents each had their own bedroom which also served as an option to receive visitors privately. The bedrooms were spacious and clear enough to accommodate wheelchair users, were personalised for each resident with wall decoration and photos, and had adequate storage for the residents' personal use. The doors to the bedrooms had a glass pane, but they had internal pull down blinds for privacy.

The main living room of each bungalow led out to a spacious, well decorated and furnished patio area. These patio areas all connected into a large shared garden space in which residents could socialise and participate in recreational activities and hobbies. The front door was electronically locked and staff were seen supporting residents in using the swipe key to exit the house.

The road shared by the bungalows as part of the premises was observed to be wide enough to suit the operation of the designated centre, allowing enough space for residents, including those with reduced mobility or in wheelchairs, to embark and disembark from vehicles without the parked vehicles delaying the flow of other traffic belonging to the neighbouring bungalows.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were systems in place to promote and protect the health and safety of residents, visitors and staff.
Inspectors reviewed the policies and procedures that covered health and safety in the house, this included policies on incident reporting, infection control, missing persons and safe storage of chemicals. There was also an up to date safety statement that covered residents, staff and visitors.

The risk management policy met the requirements of the regulations and it was implemented, for example there was a local risk register in place that was kept under review. The provider nominee had a system in place to ensure that the identified risks
were being managed effectively. For example, the health and safety committee reviewed the risks and escalated areas of high risks to the senior management team for review as outlined in the policy.

Each resident had clinical and environment risk assessments in place. The inspectors observed a range of measures in place in the centre to manage risks in relation to health and safety, including manual handling training and fire training.

Staff were vigilant in maintaining a safe environment for residents. They were kept up to date about the identified risks in the centre and they were knowledgeable of the risks recorded on the local risk register, for example risks associated with the use of equipment to assist residents. Inspector found that residents had a manual handling risk assessment and care plan in place for manual handling, including the use of a hoist if required. Staff were observed to use the hoist safely and appropriately while ensuring the residents dignity.

The person in charge was aware that should there be a number of incidents and accidents that they would be reviewed to identify if there were any patterns or trends or any actions required to reduce the risk of recurrence. There were risk assessments in place to identify if residents were at risk of having a fall. Where a risk was identified a care plan was put in place to minimise the risk of falls. Inspectors observed that some residents had been referred to the podiatrist and were also fitted with appropriate footwear to minimise risk of falls. Inspectors observed residents mobilised independently and safely in the house and noted that residents identified as at risk of falls were supported by staff when they went for a walk.

Each house maintained a health and safety walkabout check list with which staff noted the status of light fittings, electrical sockets and cables, drains, bins, and security of keys. The centre also kept a maintenance log, including invoices and repair paperwork.

Household staff have received infection control training and are familiar with handling dangerous spills such as that of bodily fluids. Cleaning chemicals are kept in a secure location and three mop and bucket sets are stored in a tidy cleaning closet, colour coded for kitchen, bathroom, and other areas.

The centre had a fire prevention and management policy on site outlining for staff the regular checks and tests, guidance on evacuation and reduction of fire hazard. Fire training was mandatory, held locally in centre, and all staff had records of attending fire training within the past 12 months.

Each bungalow had a local fire file that evidenced staff or external officers completing daily, weekly, monthly and yearly check lists. Emergency doors and lighting, hydrants, fire extinguishers, alarms and panels were subject to regular testing and maintenance. The file reviewed by inspectors contained fire drill reports, denoting dates, times, staff involved and notes for consideration in future drills. Floor plans denoted locations of fire exits, of which were a suitable number, with the evacuation plan identifying the primary exits to be used.

The emergency plan provided sufficient guidance to staff on the procedure to follow in
the event of an emergency. For example, it identified alternative accommodation where residents may be relocated too should a full evacuation of the centre be required.

A general evacuation plan for each house was kept in the file along with a personal emergency egress plan (PEEP) for each resident, which identified levels of mobility and cognitive understanding to consider when evacuating. There was a priority order of which residents required staff assistance first, and there was evidence that drill feedback was being incorporated into the evacuation plan.

Each house had fire doors for all rooms, including double doors compartmentalising the main body of the house. All electronic locks and hold-open magnets on doors disengage in an emergency to allow for evacuation and fire containment. The evacuation routes were clear of obstruction and the assembly point was identified, as was the location of temporary accommodation should immediate return to the centre after an evacuation not be an option.

**Judgment:**
Compliant

### Outcome 08: Safeguarding and Safety

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

#### Theme:
Safe Services

### Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

#### Findings:
There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding residents.

There was a policy and procedure on the prevention, detection and response to abuse for adults. It included the definitions of different types of abuse including neglect and psychological abuse.

Staff members had all received training in safeguarding and additional training was planned to be in line with the most recent guidelines. Staff spoken with were knowledgeable in relation to the prevention, detection and management of an allegation of abuse. The person in charge was educated in safeguarding and very clear around the process of managing an allegation of abuse and its investigation. At the time of inspection, there were no cases of allegations of abuse recorded. Residents told inspectors that they felt safe in their home because staff were readily available if they
needed help at any time. Relatives said in the questionnaire that they trusted the staff, and that the residents were well cared for.

Inspectors reviewed the risk assessments, care plans, and reviews and found that evidenced based guidelines were being implemented, monitored and reviewed appropriately.

Inspectors noted that risk assessments were in place for the use of a small number of restrictive practices, such as the use of lap belts, bed rails, chair and bed sensor alarms and locked external doors and a locked bedroom cupboard. Staff promoted a restraint free environment. Staff told inspectors that they had reduced the number of bed rails in use and inspectors observed this to be the case. There was recorded evidence that alternatives had been tried previously. Care plans were in place detailing the management and reviews and these were implemented. There was recorded evidence that the multidisciplinary team were involved in decision making about the implementation, monitoring and review of restrictive practices.

Feedback from the residents’ questionnaire indicated that residents felt safe in their home. Inspector noted that residents appeared to be content in their home and there was a calm and homely atmosphere in the three houses. Relatives said the questionnaire that they trust the staff in taking good care of the residents.

Inspectors found that staff managed behaviour that challenges well. Staff explained that this was an aspect of care where visible improvements had been made, as there had been a reduction in the number of incidents of behaviour that challenged over 18 months. Staff attributed this to the training they had received and regular support from the multidisciplinary team.

Staff managed behaviours well, and the inspectors observed staff interacting well with residents and ensuring that they were occupied in an activity of their choice and with company of their choice. This was in line with residents positive support plans. The person in charge reviewed all incidents and accidents to identify if there were any patters or trends or any actions required to reduce the risk of recurrence. Learning from incidents and accidents was incorporated in the resident care plans to minimise risk of another fall occurring. The inspectors observed that the resident mobilised independently and safely in the house with support from staff.

The person in charge spoke of the importance of promoting residents independence, while enabling residents to make independent choices proportionate to an identified risk. This was in line with the risk management policy.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding any incidents and accidents. The person in charge was clear of what incidents needed to be notified and the timescales in which they must be notified to the Authority. To the knowledge of inspectors all incidents and accidents were reported clearly, and in a timely manner.

**Judgment:**
Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors found that residents’ general welfare and development was being facilitated. Some residents attended a day service area for a period of time during the day which provided a range of activities.

There was a policy on access to education and training. Educational and training opportunities were available to all residents based on their assessed needs and residents were being supported to engage in learning opportunities. For example, development of life skills such as helping to set the table, maintain their home with staff support and to socialise within the community. Some of the residents, due to their clinical condition could not avail of training and employment or college education. Staff focused on developing these residents’ social interaction and communication skills.

Inspectors noted that residents were encouraged to be independent in the unit and community as much as possible. This could be further developed for residents as mentioned in outcome 1, 3 and 5. Some of the residents travelled unassisted within the campus with the appropriate supports.

Each resident had their own weekly activity schedule which also included personal activity at the centre. Residents confirmed that they shopping trips, lunch outings, attended day services and going to the local pub to meet friends. Trips to the residents’
homes or friends were facilitated by staff. Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage. Each resident had their own weekly schedule that set out the range of activities they were involved in.

Some residents, particularly those in stages of dementia, use community outings in pursuit of personal goals such as improving social interaction with others and building recalled memories centred around specific, regular outings. Residents who spoke with inspectors told of the different activities they took part in. This included attending day services and going to the park or the cinema, or going to the local pub to meet friends and going to a show in town.

Some residents were retired and semi-retired, and so spent more time in their homes, or accessing the local community rather than more structured activities.

The planning meetings between the residents and their key workers identified things residents wanted to achieve and some evidence was seen of these being met. Staff were working towards charting residents progress in achieving their identified goals.

**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
Inspectors found that there were effective and efficient arrangements in place to provide a high standard of health care for each resident.

The development of a care plan for each resident was person centred and the philosophy of care was based on a validated activities of daily living model of nursing care. This included an assessment of residents needs, development of a person centred care plan, and regular evaluation of care. This was in line with the Statement of Purpose.

Qualified nurses carried out residents’ assessment and developed care plans for residents. The care staff implemented the care with support and supervision of the nursing staff, and the nursing staff evaluated the effectiveness of the care plan on a regular basis. Where residents’ health care needs changed, a reassessment of needs and a new care plan was implemented. Health care needs were met to a high standard.
Each resident had an identified qualified nurse who was responsible for putting care plans in place and ensuring that they were implemented, effective and reviewed regularly.

The person in charge ensured that residents’ assessments and care plans were reflective of the residents’ current needs. Inspectors found that care plans were in place to guide the care of residents with medical needs such as epilepsy and diabetes.

Additionally, the person in charge ensured that residents with a history of dementia had their needs met. Residents with dementia are referred and reviewed annually by a dementia nurse specialist, and care plans were in place to guide residents care. Staff had received training in dementia related conditions.

Inspectors found that residents had a comprehensive up to date assessment of health care needs in place, including mental health. Inspectors reviewed two complete residents files and aspects of thirteen residents’ files. There were care plans in place that guided staff to provide evidenced based care for example, residents with a history of dysphagia (difficulty swallowing), and falls prevention and management.

The person in charge ensured that the staff had received training on the residents’ health care issues as applicable. When required residents were assessed by allied health professionals such as speech and language therapists, dietician, chiropodist; their recommendations were available in the residents file, reflected in the care plan, implemented and monitored closely.

Plans were formally reviewed yearly, but more frequently if there was a change in the residents’ health status, for example evidence of difficulty swallowing, raised or lowered blood pressure levels, management of raised cholesterol, weight management, dental care and cognitive and physical ability.

Staff were knowledgeable about residents past medical history and nursing care needs and there was recorded evidence that recommendations made by the multidisciplinary team were implemented and monitored by staff. For example, episodes of confusion, blood pressure readings and residents weight were recorded by staff, for review at the next doctors’ appointment.

Residents had access to a range of medical and allied healthcare professionals based on their assessed needs, for example physiotherapist, dietician, occupational therapy, chiropody, psychology, psychiatry, consultants and clinical nurse specialist in behaviour and a clinical nurse specialist in dementia related care.

Residents had access to a general practitioner (GP) of their choice, and access out of hour’s service medical services.

Health assessments were in place to ensure residents received appropriate health screening, for example, thyroid, cholesterol and blood pressure screening.

There was recorded evidence that medications were prescribed to promote normal thyroid and blood pressure levels, thus reducing the risk of any complications of these
conditions in the future. Comprehensive health educational booklets in picture and word format were available to residents and family members.

Residents’ food preferences and dislikes were recorded and residents were supported to choose what they liked to eat from the menu. Nutrition care plans were person centred, for example, in stating that if the residents did not eat much food at mealtimes, an alternative would be provided, and if this was refused the staff would wait some time and support the resident to have some food and fluids. Inspectors observed a staff member report to the nurse that one resident only ate a small amount of lunch. The inspectors observed that the resident was assisted with an alternative snack sometime later.

Meals were distributed from the main kitchen to the houses in hot trolleys. Staff were available to provide discrete supervision as required. Meal times observed on the day of inspection was person centred. The atmosphere of the dining experience in the dementia care unit was calm and relaxed. Residents were provided with their meals and snack at times suitable to them, for example, a late lunch was provided when residents choose to sleep in late. The food was fresh, plentiful and varied.

The kitchen area was supervised by staff for residents continued safety. Fresh fruit and a variety of juices and snacks were available during the day which residents could have whenever they wished with staff support. Inspectors saw residents being offered drinks and snacks throughout the day.

Residents’ weights were recorded monthly, and where nutritional screening indicated, residents were referred to the dietician. Recommendations from the dietician were implemented, such as following a low cholesterol diet.

Residents with poor swallowing were assessed by the speech and language therapist. Inspectors observed that the recommendations, such as altered consistency diet were being adhered to by the staff in accordance with the residents care plan. The inspectors observed that all staff supported residents in an appropriate, unhurried and safe manner to eat their meal. Staff were seen to interact with residents in an unhurried and appropriate manner.

Residents’ independence was promoted at meal times, for example adapted cutlery and plate guards were provided to enable residents to manage to eat independently with some staff support as required.

Residents assessed at risk of aspiration (choking) were seen by the physiotherapist and their recommendations were implemented and monitored by nursing staff, for example, postural drainage (special positioning in bed to reduce the risk of a build up of fluid in the lungs).

Residents’ mobility was promoted. Residents were assessed by the physiotherapist and the occupational therapist and appropriate walking aids, seating, including wheelchairs and pressure relieving cushions were provided.

**Judgment:**

Compliant
Outcome 12. Medication Management

Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found evidence of good medication management practices. Inspectors were satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. The medication policy met the requirements of the regulations; it included procedures relating to the ordering, prescribing, storing and administration of medicines. The policy also included a procedure for self-administration of medication. At the time of inspection the person in charge told the inspector that no residents were self medicating.

Training records reviewed indicated that staff had received updates in the safe administration of medication. On the day of inspection, inspectors did have an opportunity to observe medications being administered as medications were prescribed mainly morning and evening. Inspectors found staff were knowledgeable in safe medication management processes. For example there were safe systems and processes in place for checking medications in and out of the home, and for the safe disposable of disused medications in line with the policy.

Inspectors reviewed a sample of residents’ medication files which were clear and legible. Resident identifiers were in place including photographic identification available on the chart for each resident to ensure the correct identity of the resident receiving the medication thus reducing the risk of a medication error.

Each medication was accompanied by a signature from the prescribing general practitioner (GP). The GP prescribed all medications and ensured the prescriptions were legible which minimised the risk of error for staff when reading the charts. Medication was recorded as administered within the prescribed time frame. Where residents refused medication, this was recorded and staff administered the medication a little later. The actual administration time was recorded, and where indicated the doctor was informed.

The medication charts were reviewed by the GP six monthly or more frequently if required. Prescription sheets reviewed were clear and distinguished between “as required” (PRN), short term medication use, such as reducing doses, and regular medication. Where sedative type medications were used it was on a short term, small and reducing dosage scale. It was overseen by the multidisciplinary team, including the consultant psychiatrist, psychology and clinical nurse specialist. These evidenced based practices in
prescribing would minimise the risk of misuse of medication, or overuse of PRN medication administration. There was no evidence of any of the residents being overly drowsy or unsteady on their feet as a result of taking these medications.

There was no resident requiring medications that required special controls during the inspection. The facilities were available to store these type of medications safely should they be required, and the staff were familiar with the process to be adhered to should these medications be required, in line with the policy and on with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) professional guidelines.

Medication management was the subject of a regular audit by staff. There was evidence of learning from the outcome of the audit, for example, recording the actual time of administration when a resident refused the medication at the prescribed time.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a statement of purpose that met the requirements of the regulations. Inspectors read the statement of purpose and found that it provided accurate information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep this document up to date, and to notify the Authority of any changes.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors found there were effective management systems in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services provided. There was a cohesive team in place and staff were very clear about their role, the support and the reporting structures in place. For example, the person in charge was supported in her role by the service manager and the clinical nurse manager.

The clinical nurse manager provided cover in the absence of the person in charge. She was also found to be a suitably skilled, qualified and experienced person.

A review of managers meetings indicated there was good attendance. Meetings were held regularly, and included discussions about staff training, medication management, fire procedures and residents’ activities.

The centre is managed by a suitably skilled, qualified and experienced person in charge who works full-time, including some weekends. She is experienced in working with people with learning disabilities and complex medical needs in community residential settings. The person in charge had good knowledge of the legislation and her statutory responsibilities. She demonstrated very good clinical, managerial and leadership skills.

She was enthusiastic about her role and strived to promote a high standard of care and a good quality of life for residents. She was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She maintained her own professional development and had attended a number of courses and conferences. The person in charge is based in the centre and has a hands on approach to care. She knows the staff and the residents well. Staff told inspectors that she is very supportive. The person in charge does not manage any other designated centres.

There was a nurse manager on duty out of hours including weekends and staff were aware that they could seek advice at any time.

The provider nominee had carried out an unannounced six monthly review of the quality and safety of care in the designated centre. A copy of the review of the quality and safety of care had also been provided to residents in an accessible format as required by the Regulations.
Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The provider nominee was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider nominee had appropriate contingency plans in place to manage any such absence. There were satisfactory arrangements in place through the availability of the Clinical Nurse Manager 1 to cover short absences of the person in charge, and a period of absence greater than 28 days would be covered by the centre manager.

Staff providing cover for the person in charge within the organisation demonstrated a clear understanding of their role and responsibilities under the Regulations if required to deputise for the person in charge.

The provider nominee was aware of the requirements to notify the Authority in the event of the person in charge being absent.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The designated centre physically met the residents' needs, and there was access to vehicles to facilitate trips out. However, the staffing resource was limited and this
impacted on residents. There were periods when there was only one staff in one of the houses, and this meant that there was no staff member free to support any resident who may wish to leave the campus. The provider nominee told inspectors that she was in the process of recruiting additional staff to support residents to access the community on a more consistent basis. This is discussed under outcome 17; Staffing.

**Judgment:**
Non Compliant - Moderate

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors observed that at times there were insufficient staff available to meet the assessed needs of the residents at the time of the inspection.

Inspectors found that the staffing and skill mix were not sufficient to meet the residents assessed needs consistently. This is discussed previously under outcome 1.3, 5 and 10, and is actioned under outcome 16; Resources.

Staff files contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records which had been held centrally outlined the training for all staff up until 2015. Many of the staff had received training in the Regulations and National Standards in 2014. All mandatory training was provided.

Inspectors found that the staffing levels were not sufficient to meet the residents assessed needs consistently, for example residents were not supported to leave the centre very often to participate in activities they enjoyed. Inspectors were of the opinion that residents would have an improved quality of life if they had more opportunities to participate in community activities on a regular basis. The provider nominee explained that staff are allocated to designated centres and moved within the centre and between centres. She told inspectors that they still require more nursing staff and it was challenging.

Although the provider nominee had recruited new staff to replace staff who had left.
Staff explained that two more staff members were soon due to retire. The provider nominee assured inspectors that she would undertake a full review of staffing and seek additional funding to ensure that residents continue received good quality healthcare, and to enhance residents’ social care needs to ensure they would have a better quality of life on a more consistent basis.

There were arrangements in place for using agency staff. An inspector saw a copy of the service level agreement, which included the arrangements for assuring staff used, had been through appropriate recruitment checks. There was an induction programme in place for all agency staff to ensure they knew how to respond to emergencies. Agency staff were provided with a written summary of residents needs and a verbal handover prior to commencing duty.

Staff had received training on safe administration of medication, safeguarding and training on epilepsy and diabetic management.

Staff received training or refresher training on positive behaviour support and manual handling refresher training. Additional training was planned for the remainder of the year and the training plan was seen by inspectors. It was reflective of the residents assessed needs, for example, training on autism and dementia related care.

The staff rota matched the staffing in each house.

Records reviewed by inspectors indicated that a formal system of supervision was in place to support staff and to identify training needs. Staff confirmed that they had met formally with the person in charge and said that they found her to be very supportive. Minutes were seen of staff meetings, covering issues such as care planning, residents finances, restrictive practices and the risk register with staff.

Inspectors found that volunteers were vetted as per the requirements of the Regulations and the roles and responsibilities were set out in writing. There were no volunteers in the centre on the day of inspection.

There was a student nurse working in the centre gaining experience of caring for residents with dementia related conditions with a diagnosis of intellectual disabilities. The student nurse explained that she was enjoying the learning experience in the centre.

Inspectors found that staff were attentive and had a caring relationship with residents. Staff told inspectors that they loved their job, and they appeared to have a good team relationship. Inspectors observed positive staff interaction and there was a friendly and happy atmosphere in the residents’ home.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Written operational policies were in place to inform practice and provide guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

The directory of residents was maintained up-to-date.

An up to date insurance policy was in place for the centre which included cover for resident’s personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

**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:**

Valerie McLoughlin
Inspector of Social Services
Regulation Directorate
**Health Information and Quality Authority**

**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004907</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>14 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 September 2015</td>
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**Requirements**

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

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

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The staffing resource was insufficient to facilitate residents to fully avail of opportunities for new experiences, social participation and activities that matched their preferences.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
The designated centre has an approved staff complement which is agreed as part of the service level agreement signed with the HSE annually. An annual needs assessment to be carried out by CNM3. This to be updated more frequently if the needs/identified risks for the residents change. A review of staffing to be carried out annually by the Service Manager, Director of Nursing, Director of HR and CNM3 using information obtained from the needs assessments of residents in the designated centre to inform staffing requirements. Any requirement to increase the staff complement as a result of the annual review will be submitted to the HSE for approval of funding. Vacant posts in the designated centre will be filled through an active recruitment process and will result in sufficient staff being available to ensure residents have access to increased outings and activities. Two Care Staff WTE and 1 Staff Nurse WTE have commenced employment in the designated centre since The registration Inspection. The weekly roster will be planned in a flexible manner to ensure sufficient staff resources are available to enable residents to access activities and outings as per their personal plan. There will be a monthly audit of activities and outings for each resident, carried out by their keyworker to ensure the residents social needs are met according to their personal plan.

**Proposed Timescale:** 30/01/2016