

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0004720
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services South East
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	4

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 23 March 2016 09:30 To: 23 March 2016 20:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was an unannounced inspection and was to monitor the level of compliance with regulations. The centre was part of the Brothers of Charity South East Region and was currently supporting 10 residents. It comprised of two detached houses in close proximity to each other.

The inspection took place over one day and as part of the inspection process, practices were observed and relevant documentation reviewed such as care plans, health care records and policies and procedures. Inspectors also met with and spoke to residents and staff over the course of the inspection.

The person in charge, clinical nurse manager and staff members demonstrated their knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

Over the course of the day inspectors found the person in charge and all staff to be courteous, supportive and helpful with the inspection process. While inspectors found that the health are needs were being met for the residents living in the centre, there were significant challenges with regard to the staffing arrangements and meeting the

individual social care needs of each resident.

Of the eight outcomes assessed two were found to be compliant, including safeguarding and healthcare needs. Moderate non compliances were found in a number of outcomes including social care needs, governance and management, medication management and risk management while major non compliance was found in workforce.

These matters are discussed in more detail in the body of the report and in the action plan at the end of the 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 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:**

While each resident had an individual personal plan in place the inspectors observed that a lot of the daily activities in the centre were provided for on a group basis as opposed to an individualised basis. This meant that suitable arrangements were not in place to meet all of the assessed individual needs of the residents.

Residents attended a range of day services where they engaged in meaningful activities such as exercise, zumba dancing, relaxation therapies and music therapy. Each resident also had an individual personal plan in place which identified their natural support networks and priority goals for the coming year. From a sample of files viewed, the inspectors observed that plans were up to date and most residents had completed (or were due to complete) a circle of support meeting to help achieve identified goals for 2016.

From reviewing a sample of goals achieved in 2015 the inspectors observed that residents had been supported to go on holidays and day trips to places such as Foto island and fishing trips. Some of the goals identified for 2016 included going to computer classes and learning to play golf.

However, during the course of the inspection the inspectors observed that a lot of the day to day activities for residents were supported on a group basis as opposed to an individualised basis. This was because there was only one staff member on duty at any given time in the centre. Because some residents required staff support, when one wanted to go out it meant that others had to go also, regardless of their individual preferences. For example, on the evening of inspection one resident was supported to

attend an appointment by the sole staff member on duty. This meant that a number of other residents had no choice but to accompany the staff member and resident in question on this appointment.

A recent review by management of the centre had also highlighted this issue. However, the inspectors observed that no actions were identified on how to address the issue. This was further discussed under Outcome 17: Workforce.

Staff spoken with over the course of the inspection also highlighted that there was little time available for one to one social activities with residents. One inspector spoke with a resident and during that conversation the resident also identified that they were not happy in the centre because they did not get to go out as often as they would like and when they did go out it was as part of a group. The resident said there was no opportunity for one to one outings with staff support.

**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

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

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

**Findings:**

The designated centre was working towards providing for the health and safety of residents, visitors and staff but some improvements were required with regard to the provision of the fire doors.

Residents spoken to were aware of what to do in the event of an evacuation being necessary. Personal evacuation plans were also in place. Fire drills were carried out at regular intervals at varying times and documented accordingly. Staff training records were reviewed and all staff had received updated training in the area of fire safety.

Fire alarms, emergency lighting and fire extinguishers were in place. Evidence of maintenance of these by external companies were seen while internal staff checks were also being carried out. It was noted however that there was an inconsistent use of fire doors throughout the designated centre. For example one of the units had fire doors in place while another did not.

Risk registers were in place for the units of the designated centre each containing resident specific risk assessments which outlined required control measures to mitigate risks. These risk registers had been recently updated and staff members spoken to were

very familiar with the risks associated with individual residents and how the control measures necessary to mitigate these risks. A risk management policy was in place which had been reviewed at previous inspections of some of the provider's other centres.

A system for recording accident and incidents was in place however as discussed under Outcome 12 this was not always being followed with regard to medication. A safety statement was in place which was supplemented by ancillary safety statements for the individual units of the designated centre. It was noted by inspectors that detailed health and safety audits had been recently carried out for all units covering areas such as manual handling, fire, electrics and waste.

**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

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

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

**Findings:**

The inspectors found that arrangements were in place to keep residents safe in the centre.

There were policies and procedures in place to keep residents safe and protected from all forms of abuse. For example, there was a policy on and procedures in place for safeguarding residents which staff were trained on. Safeguarding training was also up to date for all staff working in the centre.

Staff were able to verbalise to the inspectors how they would manage any allegation of abuse in the centre, making explicit reference to the safeguarding policy on site and the appropriate reporting procedures. Staff working in the centre were able to identify who the nominated person was, if they had any safeguarding concerns.

There was also a policy in place for providing personal intimate care, which was informative of how best to support each resident whilst maintaining their dignity, privacy and respect.

While residents were assessed to manage their own finances, they all required some level of support from staff. Recording systems were in place to ensure that all residents' monies were safe and could be accounted for. The inspectors did not view any residents' finances or accounts during this inspection.

There was also a policy in place for the provision of positive behavioural support. From speaking with and observing staff during the inspection, inspectors were able to determine that they could put behavioural support plans into everyday practice. However, from a sample of files viewed, some staff required refresher training on positive behavioural support. This was further discussed and actioned under Outcome 17: Workforce.

There was a policy in place on the use of restrictive procedures. There was no physical restraint used in the centre. PRN medication was in use; however, it was observed it was used as a last resort and there were strict guidelines in place for its administration. PRN medication was also subject to regular review by the consultant psychiatrist.

**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:**

While reviewing the fire registers within the designated centre, it was noted that there were two occasions of unplanned evacuations which had not been notified to the Chief Inspector as required.

**Judgment:**  
Substantially 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:**

The inspectors found that arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from allied health care professionals where and when required.

From a sample of files viewed, residents attended their GP annually or sooner if required. Residents also had input from other allied health care professions such as dentist, speech and language therapy and chiropodist as required. Annual examination for residents included a review of their height, weight, eye examination, hearing, respiratory and cardiovascular systems as well.

Specific conditions were also provided for. For example, one resident who was diagnosed with depression had regular support from a psychologist, having been reviewed on four occasions since January 2016. Another resident with leg ulcers was regularly seen by a clinical nurse specialist and a resident with diabetes was regularly reviewed and blood sugars monitored.

One inspector sat with and chatted with residents during their meal. Meal times were seen to be a social occasion and staff also sat and chatted with residents during the meal. Food was seen to be varied and nutritious and residents informed the inspectors that they enjoyed their meal on the evening of inspection.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

Administration records and the reporting of medication errors required improvement.

A sample of medication records were reviewed by inspectors. It was noted that these records were legible and contained the required details such as the medication name, the dose required, administration times and method of administration were all provided. However while reviewing the areas for recording the administration of medication, several errors and omissions were clearly apparent. In line with the provider's own medication policy such matters had to be reported to the Person in Charge by an accident/incident form.

One resident's medication was to be given three times during the week however there was one week where this medication was recorded as being administered on four occasions. There was no comment or accident/incident form to indicate if this was a documentation error or whether an extra dose had been received from the pharmacy and administered. Another resident's medication was stated to be given three times daily but on reviewing records this medication was given four times daily. This was revealed to have been a transcribing error but again a accident/incident form had not been submitted.

Several omissions in administration records were clearly evident and a satisfactory explanation as to these was not available. For example in the records reviewed, there were multiple instances when a medication which was due to be administered as a certain time was not recorded as being administered nor was any reason outlined why such medication was not administered. As a result it was not possible to say if the residents involved received the medication, refused the medication or were not present in the centre at the time of administration.

These issues were highlighted to Person in Charge who had not received any medication related accident/incident form since November 2015. The errors and omissions described above had all taken place since February 2016. The failure to report any of these errors did not provide any opportunity for learning and improvement. This was addressed under Outcome 7. A medication audit by a pharmacist had been recently carried out in one of the units but this focused on processes and storage rather than administration records. Internal medication audits covering such issues were last conducted in December 2015.

Inspectors reviewed staff training records and noted that the majority of staff members had received training in the safe administration of medication (SAMs) from 2014 on. It was noted however that one staff member was not listed as having undergone such training since 2010. This was addressed under Outcome 17: Workforce. Inspectors observed one medication round within the centre and found that correct procedure was adhered to. Staff members spoken with during the inspection were also aware of the standard procedures regarding submitting accident/incident forms and how to respond if any medication variance occurred.

The storage facilities for medication within the designated were reviewed and found to be suitably secure and uncluttered.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

While the inspectors were satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis, some actions identified through review of the service were not being implemented.

The inspectors were satisfied that 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 person in charge with authority, accountability and responsibility for the provision of the service. He was also knowledgeable about the requirements of the Regulations and Standards. The inspectors also observed that he knew each resident that lived in the centre.

Unannounced audits were also conducted in the centre and from a sample viewed the inspectors were satisfied that these audits were impacting at ground level. For example, the audit identified the importance for some residents to receive on-going support and input from psychological services. The inspectors observed that this support was readily available for the clients that require it.

Arrangements were also in place to review the safety and quality of care and support provided in the centre. However, from a sample of files viewed some of the actions arising out of these audits were not implemented. For example, the audit identified that social activities were restricted in the centre, particularly during the week. While this issue had been identified, there was no plan of action made available to the inspectors as to how it would be addressed.

**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:**

This inspection found that staffing numbers required review to ensure the social needs of residents were met and to ensure adequate supervision.

From reviewing documentation, talking to residents and staff and observation it was apparent that there was not sufficient staff supports in place to fully meet resident needs at certain times. The designated centre was described as a low support house. At the time of inspection there were ten residents living in two units of the centre. One unit provided a home to six residents while the remaining four lived in the other unit. Aside from a fixed period during weekdays where residents were attending day services each unit was staffed by one individual staff member who slept over.

The health needs of residents were increasing and although these needs were being met at the time of inspection it was noted that following a procedure on the day of inspection one resident had to reside in a nursing home at night time for a period of twelve nights to ensure adequate care was provided. It was also observed in minutes of a multidisciplinary meeting that another resident was described as needing a high support service.

Throughout the inspection it was apparent to inspectors that the specific supervision requirements for some residents were not being adequately facilitated by the current staffing compliment in place. In turn this was having a negative impact on residents' abilities to engage in meaningful one to one social activities.

For example in one unit, a resident was at a particular risk of choking. A risk assessment carried out determined the resident in question could not be left on their own in the centre. This in turn meant that the resident had to accompany the staff member on every outing regardless of whether they wanted to go or not. Another supervision arrangement was in place between two residents which meant that these two residents could not be left alone without staff supervision.

As a result were unable to provide for one to one social activities. In both units it was clear that if social activities were to be carried out with staff support then they would have to be done as a group rather than individually. Both staff and residents expressed frustration at the inability to engage in one to one social interaction. It was clear

however, that staff were putting a great deal of effort into meeting the needs of residents. During inspection positive and warm interactions were seen between residents and staff and from talking to staff it was evident that they were very knowledgeable regarding the residents needs.

Inspectors reviewed a sample of staff files and found that all the necessary information such as Garda vetting, references and proof of identity was present. Records of probation and staff support meetings were found in these files and from talking to staff it was apparent that supervision was provided by the Person in Charge and the residential team leader.

Training records were reviewed and as stated under Outcome 12: Medication Management, there was one staff member who had not received updated SAMs training since 2010. It was also noted in health and safety audits carried out during 2015 that an action was in place for one staff member to receive updated training regarding challenging behaviour but at the time of inspection this had not been carried out.

There were no volunteers working in the centre at the time of inspection.

**Judgment:**  
Non Compliant - Major

## Closing the Visit

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

### Acknowledgements

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

### *Report Compiled by:*

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0004720
<b>Date of Inspection:</b>	23 March 2016
<b>Date of response:</b>	04 May 2016

### Requirements

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

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

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Suitable arrangements were not in place to meet the assessed needs of the residents.

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

**1. Action Required:**

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

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

In conjunction with the residents and their support staff, the PPIM has identified the social needs of the residents that are not currently being accommodated. The following consultations are now in progress with the goal being to accommodate the residents wishes in this regard:

- Linking with the Volunteer Coordinator to source volunteers;
- Linking with recreation department staff to establish whether residents can access any of the evening social activities;
- Review of current timetables;
- Linking with residents' day services who may be able to facilitate some of the social care needs.

We are also looking at how best to utilise Social Care students whom we accommodate for work experience twice yearly.

**Proposed Timescale:** 30/06/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Medication errors had not been reported.

**2. Action Required:**

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

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

The PIC and PPIM have met the full designated centre staff team on the 12/04/2016 and have reminded them of the reporting requirements in the Medication Administration Policy that all medication errors must be formally reported using the Medication Error form which is an appendix of that policy.

**Proposed Timescale:** 12/04/2016

**Theme:** Effective Services

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

Fire doors were not in place throughout the designated centre.

**3. Action Required:**

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

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

When the Fire Regulations for Designated Centres for people with disabilities are published the Services will ensure that the centre is in compliance. In the interim a fire door is being installed to compartmentalise the kitchen from the rest of the house.

**Proposed Timescale:** 31/05/2016

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

Two unplanned evacuations had not been notified as required.

**4. Action Required:**

Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

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

All un-planned evacuations will be notified to HIQA as per Regulations.

**Proposed Timescale:** 24/03/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

From reviewing medication records it was not clear if residents had received extra medication in error, did not receive medication or refused medication.

**5. 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:**

The Brothers of Charity Services South East have in place a policy and Procedure on the Administration of Medication. The PIC and PPIM met with all members of staff of the Designated Centre on 12/04/2016 and instructed them to follow correct medication recording procedures as per this Policy.

**Proposed Timescale:** 12/04/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Some of the actions identified in the annual review of the service were not being implemented.

**6. Action Required:**

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

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

A review of the needs of the individuals will be undertaken to establish what the additional staff support requirements are to ensure that social activities during the week are not restricted.

**Proposed Timescale:** 30/06/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The numbers of staff required review in order to meet the needs of the residents.

**7. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

In conjunction with the residents and their support staff, the PPIM has identified the social needs of the residents that are not currently being accommodated. The following consultations are now in progress with the goal being to accommodate the residents wishes in this regard:

- Linking with the Volunteer Coordinator to source volunteers;
- Linking with recreation department staff to establish whether residents can access any of the evening social activities;
- Review of current timetables;
- Linking with residents' day services who may be able to facilitate some of the social care needs.

We are also looking at how best to utilise Social Care students whom we accommodate for work experience twice yearly.

**Proposed Timescale: 30/06/2016**

**Theme:** Responsive Workforce

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

One staff member had not received SAMs training since 2010 while another staff member had not received updated challenging behaviour training.

**8. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

(a) The staff member who had not received SAM training since 2010 has been on extended leave including Maternity Leave and Special Leave. She will receive SAMS training on her return to work.

(b) The other staff member has now attended challenging behaviour training.

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