

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moneymore House
Centre ID:	OSV-0002263
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	Anne Geraghty
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 January 2017 10:30 To: 31 January 2017 18:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 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

Background to inspection:

The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with disabilities regulations 2013)(hereafter called the regulations) and the National Standards for Residential services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:

On the day of inspection, the inspector met with four residents, three staff members and the person in charge (PIC). The inspector observed practices and reviewed documentation such as personal care plans, policies, risk assessments, training records and rosters. The inspector observed interactions between staff and residents and noted that they were respectful at all times. Staff were observed to be aware and informed of residents care and support needs during the inspection.

Description of the service:

The designated centre consisted of two buildings, a dormer bungalow with an attached apartment and to the rear of the building, was another self contained apartment. The designated centre was located outside a small village on the outskirts

of Galway city. There were four residents living at the designated centre requiring a high level support were receiving an individualised service. Their day programmes were built around their care and support needs and reflected their abilities to engage in activities of their choice. There were two vehicles available to the designated centre to support the residents to access community services.

Overall judgment of findings:

Overall, the inspector found this centre had not addressed the actions from the previous inspection report. The provider had notified the Health Information and Quality Authority in February 2016 of their plan to close this centre with a plan to move into another dwelling, in order to address the areas of identified non-compliance. However, the inspector found that the proposed closure date had been extended, and upon arrival to the designated centre, found that the provider continued to explore more appropriate rental accommodation. In addition, the provider did not have a suitable plan in place, to address the issues of non-compliance relating to the suitability of the premises. The PIC was recently appointed to the designated centre as a result of reconfiguration of services in the Brothers of Charity. The inspector found there was a lack of oversight and accountability by the provider for this designated centre.

The findings of this inspection identified three outcomes in compliance, two outcomes in moderate non-compliance and four outcomes in major non-compliance. These included social care needs, health and safety and risk management, premises and governance.

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):

No actions were required from the previous inspection.

Findings:

The inspector found the organisation had systems in place to promote resident's welfare and wellbeing. However, there were gaps in practice with regard to the maintenance of personal plans.

Each resident had a personal plan, however the inspector found that personal plans were not comprehensively reviewed. The inspector observed gaps in the completion of social care goals for a number of residents. For example, one resident's goals had not been completed for four years until 2016. In addition, the plans setting out these goals were not specific. They did not identify the people responsible for assisting the resident and the timeframe for completion of these tasks was not clearly recorded. The providers' six monthly unannounced report completed in May 2016 had identified a number of actions that were required to improve the practice in relation to personal plans, including a clearer system for setting appropriate goals and completing reviews. The inspector found that these had not been addressed by the provider, within the required time frame .

The inspector found that the service provided in the centre was individualised and supported residents in the manner they chose. Staff were found to be knowledgeable and aware of the residents' preferences and dislikes, the activities they enjoyed and ensured contact with family was maintained.

Judgment:

Non Compliant - Major

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

Findings:
The inspector found that some actions required from the previous inspection had not been completed. The provider had identified that the relocation of this service to another dwelling would improve the living environment of the residents. However this plan had not been developed by the provider since the last inspection.

Maintenance jobs requested were available within logs, but information about the jobs completed and those which were yet to be resolved, was not available. Parts of the building were unclean and required repair. The centre remained unchanged and continued to present access issues for all residents. The hallway remained narrow and there was insufficient space for two people to walk alongside each other safely. The kitchen area was small and confined and did not reflect the residents' assessed needs.

No improvements had been made to the décor of the centre, the paint was chipped in various living areas and condensation and dirt was evident on all kitchen windows. There were radiators in the centre which were rusted and one bathroom had a stainless steel sink and toilet, which was not reflective of a homely environment. The inspector observed damaged flooring in the dining area of the main house, and various cables and extension leads were hanging in the living room space.

There were inadequate storage facilities in the centre for equipment, which was being stored in the residents' sitting room, at the time of inspection.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

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

Findings:

On the day of inspection, the inspector found that actions from the previous inspection had not been addressed. A comprehensive review of the operational, environmental and clinical risk assessments had not been completed. Individual risk assessments had not been updated for all residents at the time of inspection. There was a site-specific safety statement and emergency plan, these did not reflect the current management structure within the designated centre. There were policies and procedures in place to promote the health and safety of residents, staff and visitors.

The fire panel was located in one apartment but it was not connected to all apartments in the centre. Staff were required to search for the location of the fire, which could result in a time delay. Fire equipment was in place at the centre and was regularly maintained by a suitably qualified engineer at intervals recorded in safety records. Three fire door had been installed with self-closures attached. However not all doors in the centre had self-closures in place and were observed open on the day of inspection. The provider had not completed an overall fire risk assessment at the time of inspection.

The inspector was advised by the provider that a fire risk assessment had been completed, the inspector requested this documentation for review post inspection. However, the inspector was advised that no report was available.

There were systems in place in the designated centre for the management of fire. The inspector found that there were personal evacuation and egress plans (PEEP's) in place for all residents. Fire drills had been completed at various times during the day and night. Learning was outlined, with measures in place, to improve the support for residents who did not complete the fire drills. The inspector found that some actions, such as the thumb turn locks on all exit doors, had been completed.

The inspector found that emergency lighting was in place above internal exit routes, however there was no emergency lighting to the outside fire exit routes. There was minimal emergency lighting located internally at the exit routes and the direction to evacuate in the event of an emergency was not clear.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

On the day of inspection the inspector found that the action from the previous inspection had not been completed. The behaviour support plans had not been updated. This was also identified in the six month unannounced provider visit as an action that required attention in May 2016. A review of the personal plans found that in one case a behaviour support plan had not been updated since the last review in April 2014. The inspector found that the centre lacked a comprehensive multidisciplinary approach towards the care and support needs for all the residents, which was guided and monitored effectively.

The inspector found that staff were trained in safeguarding and were familiar with the systems in place. The inspector reviewed personal plans and found that there were no incidents or allegations at the time of inspection. All staff were trained in positive behaviour support and received refresher training, as scheduled, by the organisation.

There were intimate care plans completed in personal plans which identified the care and support needs of residents'. The plans guided staff, and outlined the procedures to be followed, in line with the organisation's policy.

The inspector found that restrictive practices were logged, and a system was in place to refer a practice to a human rights committee. The minutes of these meetings set out the decisions or actions required by the person in charge to address the practice. However the inspector found that the person in charge had failed to remove locks from a gate, as set out by the human rights committee, which was reflective of a restraint free environment.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre were maintained where required and had been reported to the Health Information and Quality Authority. Records were available on the day of inspection for review.

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):

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

Findings:

On the day of inspection, the inspector found that there was good practice with regard to health care needs for the residents' in the designated centre.

The inspector found that the action regarding food diaries had been completed since the last inspection. Food diaries had been completed for some residents, and where required, further intervention was obtained from a dietician. On review of the personal plans it was evident that staff had adhered to, and implemented, recommendations required to promote good health.

All residents had access to a medical practitioner in a timely manner. Access to allied health professionals was recorded in the residents' personal plans. Residents' had access to occupational therapy, chiropody, physiotherapy and dentists as required. Records of attendance were maintained in the personal plans.

Judgment:

Compliant

Outcome 12. Medication Management

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were policies and procedures in place for the management of medication in the designated centre.</p> <p>The inspector reviewed a sample of files and found that the prescription sheets and the recording sheets were in line with requirements of the regulations. Staff had received training in the safe administration of medication. Systems were in place regarding stock control, disposal, ordering and collecting of medical products.</p> <p>Hand hygiene facilities were located beside the medication facilities. Staffs were observed to implement best practice during two separate medication administration tasks on the day of inspection.</p>
<p>Judgment: Compliant</p>

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Overall, there was a lack of oversight and accountability in the designated centre. HIQA was previously informed of the intended closure of this centre, however, there was no active plan in place for this despite some of the previous action plan responses being reliant on the closure of the centre. There was a lack of a co-ordinated management plan in place to address the non-compliance identified in the designated centre.

The inspector met with the person in charge during the course of the inspection, he had been in place since June 2016, however the designated centre remained under a

different management system within the organisation. Regardless of management structures, the inspector found that there were no effective management systems to monitor the care and support needs of residents, the delivery of quality services and the review and implementation of action plans as required.

There was an annual review completed. The six monthly unannounced visit had been completed in May 2016 but had not been completed as required every six months. During the last unannounced visit it was recorded that personal plans required review, personal goals needed completion with specific timeframes documented and evidence that reviews and actions had been carried out. The inspector found that these actions had not been implemented at the time of inspection.

Staff meetings were held monthly since September 2016. A schedule was set out for the year ahead and team performance management had also commenced. Staff were familiar with the management systems and were aware of their on-call supports. However, documentation displayed in communal areas had incorrect management information and contact numbers displayed.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, not all aspects of this outcome were reviewed.

The staffing levels provided did not meet the needs for all residents. On the day of inspection, the inspector found that two staff members had attended an appointment with one resident leaving one staff to supervise and support the remaining three residents. This resulted in a loss of opportunity for the other residents, as they remained in the residence and did not engage in any of their previously planned activities, during this time. The staff member was required to supervise three residents in two separate buildings, however they could not leave the main building, due to safety and behavioural issues with two of the residents. The staffing arrangement at night was also found to be inadequate.

The inspector reviewed training records and found that a record was maintained, and a schedule set, out regarding the training needs of staff and refresher courses they required. All staff had completed their mandatory training .

Staff had not received supervision at the time of inspection. However, the inspector found that staff spoken with, were aware and familiar with their management supports.

Judgment:

Non Compliant - Moderate

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:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0002263
Date of Inspection:	31 January 2017
Date of response:	09 March 2017

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

Residents personal goals did not have time scales recorded for their completion and did not outline who was responsible for supporting the resident to achieve them.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Time scales have been put in place for review of all Personal Goals. The person in Charge will review all Goals and the individual responsible for achieving agreed actions is identified in the updated Personal Plans.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Personal plans had not been fully reviewed on an annual basis as required.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All resident's personal plans are currently being comprehensively reviewed. This work will be completed by the end of March. A Schedule for review of Personal Plans by the Person in Charge has been put in place.

Proposed Timescale: 31/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The designated centre did not meet the needs of residents.

3. Action Required:

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

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

The present building is unsuitable to adequately meet the complex needs of the residents. An alternative suitable house has now been identified. Discussions have taken place with a Housing Association in relation to the purchase of the property and the process has commenced to secure the property.

Once purchased some modifications will take place on the property. An estimated

timescale of purchasing the property and carrying out essential modifications is six months.

In the interim some essential works will be carried out in the existing house including:

- Some painting and décor is taking place to identified areas in the house.
- Floor covering is being replaced in one area
- A radiator has been replaced.
- A hole in a wall caused by a door handle has been repaired and door stopper put in place.
- Loose Cabling in one area has been placed in appropriate conduits.
- A Cleaning schedule is now in place and will be reviewed regularly by the Person in Charge.
- There are two items of essential equipment used on a daily basis by one individual who has mobility issues. These are currently in a living room. The stander will be moved to another area in the house and the MotoMed will remain where it is as it is in constant use.

* Proposed Timescale: Essential Works in current house are scheduled to be completed by 31/03/2017. A move to new house will be completed by 15/09/2017

Proposed Timescale: 15/09/2017

Theme: Effective Services

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

The designated centre did not meet the requirements of schedule 6.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The present building is unsuitable to adequately meet the complex needs of the residents. An alternative suitable house has now been identified. Discussions have taken place with a Housing Association who have agreed to purchase the property and a process has commenced to secure the property.

Once purchased some modifications will take place on the property. An estimated timescale of purchasing the property and carrying out essential modifications is six months. In the interim some essential works will be carried out in the existing house

Proposed Timescale: 15/09/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk assessments had not been updated to reflect a comprehensive review of the environmental, operational and clinical risks in the designated centre.

5. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All Risk Assessments are in the process of being updated. These will be completed by 31st March 2017.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Emergency lighting was not in place on external routes as required.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting has been put in place in external routes.

Proposed Timescale: 09/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider had failed to ensure a review of behaviour support plans were completed as part of the personal plans in the centre.

7. Action Required:

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

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

All Behaviour Supports Plans are being currently reviewed. All four individuals living in the house have complex challenging behaviour and mental health issues and require a multidisciplinary team involvement in the reviews. All reviews have been scheduled and behaviour strategies will be completed by 31/05/2017.

Proposed Timescale: 31/05/2017

Theme: Safe Services

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

The provider had failed to ensure all restrictive practices were reviewed in line with guidelines from local policy.

8. Action Required:

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

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

All Behaviour Supports Plans are being currently reviewed. All four individuals living in the house have complex challenging behaviour and mental health issues and require a multidisciplinary team involvement in the reviews. All reviews have been scheduled and behaviour strategies will be completed by 31/05/2017

Proposed Timescale: 31/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management systems in place in the designated centre were not effectively monitored.

9. 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:

The outstanding unannounced visit by the Provider has been completed. Management systems have been reviewed and robust system for ongoing monitoring has been put in place. A new Team Leader post has been advertised and interviews are scheduled for 27/03/2017. A suitable premises has been identified and a process for purchase is in place which will address many of the issues highlighted in the report.

Proposed Timescale: Management Review of Systems has been completed New Team Leader will in place by 31/05/2017 and suitable premises will be purchased by 15/09/2107

Proposed Timescale: 15/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing level was not reflective of the care and support needs for all residents, taking into account the size and layout of the designated centre.

10. 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:

There are three staff scheduled to be in place working with the four men. This is adequate to support their needs. At certain times for individual appointments additional staff will be required and will be put in place.

Proposed Timescale: 09/03/2017

Theme: Responsive Workforce

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

The person in charge had not provided supervision to all staff in the designated centre.

11. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Supervision sessions have been scheduled with all staff members.

Proposed Timescale: Schedule of Reviews is completed and Reviews are ongoing.

Proposed Timescale: 09/03/2017

