

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0011870
Centre county:	Dublin 7
Email address:	una.hayes@docservice.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Person in charge:	Una Hayes
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 09 April 2014 10:00 To: 09 April 2014 17:00

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this community based residential centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and the standard of care delivered to residents in the facility.

This centre forms part of the Daughters of Charity, a large service provider to persons with disabilities in Dublin and are considered to meet the criteria for registration as a designated service under the Health Act 2007.

The inspection was announced and took place over one day. As part of the inspection process the inspector met with the provider nominee, person in charge, staff, and residents. Inspectors observed practices and reviewed documentation such as health care records, policies and procedures and staff files.

The centre comprises three separate residential living units, two of which were adjoined semi-detached houses with adjoining doors. The third unit is in a separate location and is managed by the same person in charge and nominee provider. Part of this monitoring inspection was to establish if these units could be registered as a single designated centre in line with the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Information in relation to this determination is detailed under Outcome 13:

Statement of Purpose and Outcome 14: Governance and Management.

Overall the inspector judged that while there were some areas to improve upon, residents were well cared for and supported by staff who know the residents very well. There was evidence of good practice found across all of the outcomes inspected against. The outcomes relating to the social care needs, healthcare needs and medication management were deemed to be fully compliant with the Regulations. Moderate non compliances with the Regulations were identified in the remaining five outcomes and related to areas such as staff training, supervision and care interventions.

Action plans at the end of the report reflect the outcomes not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Judgement:
Compliant

Findings:
In general the inspector found that each resident was provided with ample opportunity to participate in meaningful activities, appropriate to their individual needs, interests and preferences. Each resident was actively involved in their person centred planning process which enabled them to identify individual needs and choices.

Each resident was provided with a detailed personal plan which documented their goals and achievements. Significant effort had also been made to provide these plans in an accessible format for residents, with plans viewed by the inspector in a poster format, pictorial format, and in booklet form ('social story booklets') to suit the communication styles of specific residents. Written documentation relating to the plans was also documented for each resident in their individual file to ensure staff can monitor and review goals and outcomes on a monthly basis. One file that was read by the inspector

was out of date and required review. However, there was clear evidence within the residents documentation demonstrating the achievement of goals and ongoing review of same.

One resident was being supported to transition to another residence in order to more appropriately meet the resident's individual support needs. This was being planned in a very inclusive manner. The resident was provided with a booklet of pictures and information about the centre, the resident showed this to the inspector and spoke enthusiastic about the move, regular visits to the new service were also facilitated to ensure the resident was comfortable with the move and familiar with the new service. Staff were providing ongoing support to ensure the resident remained living in their current environment for as long as they could do so safely. This demonstrated commitment to enable the resident to live as independently as possible in their own familiar environment.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

Overall, the inspector found that there were arrangements in place to protect and promote the safety of residents and staff through effective policies and procedures in relation to health and safety and risk management. However, staff were not adequately trained in relation to fire safety.

There was a centre specific fire evacuation plan in place and staff and residents were familiar with the evacuation procedures. These had been frequent evacuation drills taking place every month with evidence viewed by the inspector that these had been planned for the remainder of 2014 in order to ensure that all staff participated in a fire drill. The last four evacuation reports were read by the inspector, and all evacuations were prompt. There was also evidence of learning from previous evacuation drills. For example, the last fire drill documented concerns in relation to one resident's perception difficulties when evacuating at night time. Due to decreasing health, it was felt that a review of this resident's evacuation plan was required. This individual risk assessment identified a need to improve the lighting outside the front door of the centre and to provide ramped access to the premises. At the time of the inspection, the ramp and safety rail had been installed, and a maintenance request had been submitted to have a light fitted outside.

The fire safety equipment had been serviced annually, and there was a weekly check-list which was signed by staff checking escape routes, fire extinguishers, and the fire alarm panel. Staff were knowledgeable of how to evacuate the centre in the event of a fire.

However, staff had not been provided with adequate fire safety training, with no staff having attended any certified or recognised fire safety training course. Staff had been asked to watch a DVD on fire safety that was not centre, or disability specific and was only intended as part of a training programme. The person in charge and the provider nominee agreed that this training was not adequate, and informed the inspector that plans would be put in place to address this issue.

All residents had manual handling risk assessments in place which had been assessed with the input of an occupational therapist and physiotherapist. There was a health and safety committee in place, and the communications and centre specific recommendations from this committee were reviewed by the inspector. Incident and accident report forms were submitted to this committee for review and learning with subsequent control measure put in place. There was also a risk management policy in operation and environmental assessments as well as individual risk assessments were read by the inspector.

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

Judgement:

Non Compliant - Moderate

Findings:

Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. The policy was under review and while staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse, some staff had not been provided with training on the protection of vulnerable adults from abuse since 2006. However, the provider confirmed that this training would be provided during 2014.

The policy on protecting residents from abuse was currently under review, and was being updated in line with the revision of the national (HSE) safeguarding policy. There had been no incidents or suspicions of abuse reported. Staff spoke mindfully of the importance of promoting the safety and respect for each resident. The inspectors observed staff interacting with residents in a respectful and friendly manner.

Staff had received training in responding to challenging behaviour and there were behavioural guidelines in place for all residents. There had been no recorded incidents of physical restraint in recent years, although chemical restraint was used in the form of

PRN (as required) medication. The use of PRN medication was documented in individual behavioural plans, which used a 'traffic light system' to guide staff on de-escalation and distraction techniques and clear guidance before medication was used as an intervention. The behavioural plans also stated that all staff (nursing and non-nursing) must contact the CNM3 on call nurse before using this intervention. Staff spoken with confirmed this to be the practice.

The general practice of checking all residents on an hourly basis during the night was deemed to be impinging upon the privacy and rights of residents. The inspector reviewed three residents files and noted that these residents slept throughout the night, there was no clear rationale for this practice and there was no individual assessment of need relating to this practice for any resident. Other restrictive practices documented in the house included limiting a residents access to the kettle, the use of sound monitors in a number of rooms, the use of stair gates and the use of a wheelchair strap, these had all been referred to a multi-disciplinary team. These restrictive practices were then documented by a clinical nurse specialist in behavioural support, and were all considered to be least restrictive alternatives. However, there was a lack of clarity on how long some of these practices were in place, and there was no plan in place to reduce or remove them.

There were clear personal and intimate care guidelines in place for all residents that clearly documented support needs in these areas and ensured that residents were supported to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector found that residents were supported to access health care services relevant to their needs. The inspectors reviewed four personal care plans containing medical information and found that they had access to a General Practitioner (GP) as required, as well as numerous other health professionals such as speech and language therapy, social workers, dentist, dietician, ophthalmologist and occupational therapy. Some of the residents had epilepsy, and the inspector reviewed the file of one of these residents. The file contained records of reviews by medical specialists and a specific epilepsy response plan had been developed based on the advice of medical specialists.

Some residents were also assessed as being at different stages of dementia. The inspector read the health care plans for two of these residents. Individual support plans

were developed in consultation with a clinical nurse specialist in dementia care and were comprehensive in detail. Both residents spoke about this specialist, and clearly were very familiar with her.

Residents chose what they wanted to eat for meals in the centre during weekly house meetings. Residents choice was supported through the use of pictures of meals which staff had introduced in response to residents choosing the same meal all of the time. This had led to a more varied menu. The pictures were then used to provide a pictorial weekly menu to inform all residents of the menu plan. Staff had been provided with food safety training and were responsible for preparing the meals in the centre. If any resident did not like a certain days meal, or felt like something else an alternative was available. Residents were aware of healthy eating and had access to a dietician. Some residents also liked to be involved in meal preparation and were encouraged to do so; one of the resident's had their own recipe book, with pictures of the preparing specific meals, the recipe book provided clear guidance to enable the resident to complete the task as independently as possible.

Food and nutritional plans were in residents files; including a dysphasia review and fluid balance (as required). One resident spoke to the inspector about visits to weight watchers and spoke proudly about their weight loss.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

Generally, the inspector found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management. There were effective policies and procedures in place at organisational and local levels to guide practice and ensure consistence in the ordering, prescribing, storing and administration of medication. The policy required all non-nursing staff to undertake a training programme before being allowed engage in the administration of medication. The organisation's nurse manager completed competency based assessments with staff before this training was deemed complete. The inspector found that this had been implemented in the centre, specifically within the unit that did not require nursing staff.

The person in charge had put measures in place to ensure that the receipt of medication was being recorded and medication was being stored safely. The disposal of medication was carried out in line with best practice, with a record kept of all medication which had been returned to the pharmacist. Antipsychotic PRN (as required) medication was being

audited nightly, and staff in one location had requested that PRN be blister packed as they felt it was a safer way to store and monitor the medication. The prescribing sheet also included some short-term antipsychotic medication, and these were being reviewed weekly by the organisational psychiatrist.

Efforts were being made to inform residents about the medication they are prescribed. A pictorial booklet on the use of an inhaler had been personalised to inform a resident about the benefits of taking this medication, another residents was also being supported to self-administer their own medication following appropriate assessments.

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

Judgement:

Non Compliant - Moderate

Findings:

There was no common statement of purpose that accurately describes the service provided within the centre, which currently comprises three separate houses.

While the individual statement(s) of purpose contained most of the information required by the regulations, it did not contain sufficient detail in relation to the specific care needs that the centre intended to meet, the organisation structure and within the description (either in narrative form or in a floor plan) of the rooms in the designated centre including their size and primary function. Additionally, the statement of purpose had not been made available to residents and their representatives.

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Findings:

The provider had undertaken a number of audits and reviews in relation to safety issues within the centre. There was a regular review of risk management arrangements and incidents and accidents. The provider has also identified a number of policy and procedural areas for development. These included areas of staff training, and the review of the safeguarding policy and reporting procedures. However, there was limited evidence available in relation to the effective management and review of quality within the centre.

The centre forms part of a larger organisation with complex management structures. However, the provider and person in charge were clear on their responsibilities and were both effectively engaged in the governance and operational management of the centre. The management structure of the centre was clear to all staff and included the supports that were in place to assist the person in charge to deliver a good quality service. The provider visited the centre regularly and was knowledgeable about the service. She was also well known to the residents.

As highlighted previously, this centre comprises three separate units (houses) across two separate locations, which are approximately 10km apart. The provider had recently carried out a review and restructuring of houses in view of the Health Act 2007 (Registration of Designated Centres for Persons (children and Adults) with Disabilities) Regulations 2013. This process was only at the very early stages as the person in charge has only taken responsibility for the second location a number of days before the inspection. The inspector visited and met with staff and residents in both locations. Staff in the second location described the management changes that were taking place and while positive about the proposal were uncertain on the operational management procedure for this unit. For example, the person in charge was not named on the roster for this unit and there was no determination of how much time the person in charge would be assigning to this unit. This non-compliance will be referred to and with a related action under Outcome 17: Workforce.

The inspector found that the person in charge was appropriately qualified and had sufficient experience in supervision and management of the delivery of appropriate care in a community based group home. The person in charge had also recently completed a management qualification to develop her supervisory and management skills. Furthermore, during the inspection process, she was knowledgeable about the support needs and personal plans of each resident. The person in charge, as well as staff on duty were supported by a 'Nurse Manager on Call' system which provided direct access and support to a CNM3 should it be required.

Outcome 17: Workforce

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

Theme:

Responsive Workforce

Judgement:

Non Compliant - Moderate

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

In the course of this inspection four staff members files were reviewed and 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. However, not all staff working in the centre were adequately listed on the proposed or actual roster. Staff employed as relief staff were listed as 'relief' rather than named and their names were then written in pencil above the shift they worked.

Training records were reviewed and identified areas of training which were required such as adult protection and fire safety. The provider informed the inspector that a plan was being devised to provide training in both of these areas during 2014.

One unit (house) comprising part of the proposed designated centre was undergoing a change in the management structure. This had only happened in the days prior to the inspection. Acknowledging the limited time to implement this change effectively, staff in this part of the centre were not adequately supervised or supported by the person in charge as it was unclear how much time the person in charge would be assigning to the running of this unit.

It was deemed that there were appropriate staff numbers and skills, qualifications and experience to meet the needs of the residents throughout the centre. Reflective on the complex and diverse needs of the residents it was judged that staff strive to ensure that residents receive assistance, interventions and care in respectful, timely and safe manner, as has been reflected throughout this report. Efforts were being made to ensure a consistency amongst the staff team, reflecting the needs of the residents in this regard.

Agency/relief staff were being relied upon on a regular basis due to staff shortages although in most cases these staff were regular staff who were well known to the residents. On the occasion when unfamiliar staff were on duty, the person in charge

ensured they were also working with regular staff.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Michael Keating
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0011870
Date of Inspection:	09 April 2014
Date of response:	01 May 2014

Requirements

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

Outcome 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:

While staff were knowledgeable about arrangements for responding to fire, suitable training had not been provided to staff.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

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

All staff in this Group will have completed training under Regulation 28 (4) (a) by December 31st 2014

Proposed Timescale: 31/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no plan in place to reduce and remove restrictions that were in place for all residents, including the practice of entering all bedrooms during the night.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Since the inspection, three service users are not now checked on at night unless service users request help. Hourly checks are now only required for two service users. Risk Assessment carried out and intervention now in place. The remaining three service users are now being checked on a 3- hourly basis as per Risk Assessment carried out. All service users will be continuously reviewed on a monthly basis and changes made as required.

All restrictive practices are now being reviewed. M.D.Ts are scheduled over the next few months to address this. These are: June 17th 2014, June 24th 2014 and July 7th 2014.

Proposed Timescale: 31/08/2014

Theme: Safe Services

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

Appropriate training had not been provided to all staff in relation to the safeguarding of residents and the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Training needs for all staff to be identified and a plan to be put in place to complete this training over the next few months. Training to be complete by December 31 2014.

Proposed Timescale: 31/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership Governance and Management

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

The centre had two separate statements of purpose reflecting different locations.

Action Required:

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

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

One Statement of Purpose is being compiled at present.

Proposed Timescale: 31/07/2014

Theme: Leadership Governance and Management

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

The statement of purpose had not been made available to residents, relative or their representatives.

Action Required:

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

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

When Statement of Purpose is fully completed it will be made available to all relatives and representatives. Additionally, a Statement of Purpose in pictorial form will be made available to all residents within the Ashington Group. July 31st for relatives and representatives and August 31st for all residents.

Proposed Timescale: 31/08/2014

Outcome 14: Governance and Management

Theme: Leadership Governance and Management

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

There was inadequate documentation relating to review of the quality of care provided within the centre.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

A review of quality of care is scheduled to take place.

Proposed Timescale: 31/07/2014

Theme: Leadership Governance and Management

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

A review of the safety and quality of the service was not provided to residents or their representatives.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

A copy of the review of quality and safety of care and support will be made available to the residents and their representatives when completed.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The planned and actual staff roster did not clearly and accurately list all staff working across the centre at all times.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

A plan is in place to address this and is almost completed.

Proposed Timescale: 15/05/2014

Theme: Responsive Workforce

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

Not all staff had received mandatory training in the areas of safeguarding vulnerable adults and fire safety.

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 plan is in place for training under Regulation 16 (1) (a)

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

At the time of inspection, it was unclear as to how staff in one part of the centre were to be appropriately supervised and supported.

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:

The person in charge has been allocated 20 supernumerary hours to manage both parts of the centre. This will consist of 10-12 hours in one part and 8-10 hours in the other part. This will be reviewed weekly as needs arise. person in charge will be on the Duty Roster in both parts of the centre. Staff can contact person in charge at any time by mobile phone while on duty.

Proposed Timescale: 14/04/2014