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<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<td>Centre ID:</td>
<td>ORG-0008519</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 5</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:eamon.delacey@smh.ie">eamon.delacey@smh.ie</a></td>
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<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Ian Barron</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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: 30 May 2014 14:00
To: 30 May 2014 17:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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</thead>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The centre is home to three residents. During the inspection the inspector met with two residents and staff, observed practices and reviewed documentation such as resident assessments, personal plans, tenancy agreements, the complaints process, fire records, policies and medication records. Residents spoken with said they enjoyed living in the centre.

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

Ten outcomes were inspected against and non compliances were identified in seven outcomes. Improvements were required in documents such as the statement of purpose, contracts of care, risk management and complaints policies. A review of medication policies and practices was also required. Staffing was not always available for the number of hours per day stated in the statement of purpose.
The action plans at the end of the report reflect the non compliances with regulations and standards.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

**Theme:**
Individualised Supports and Care

**Judgement:**
Non Compliant - Minor

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

**Findings:**
Residents' rights and dignity were respected. There was a complaints process in place but it required review as the process was not clear.

Residents' were consulted with about the running of their home and their care. They had a evening meeting each week where they discussed their plans, planned their menu and requested staff support. One of the residents’ spoken with told the inspector she was always given choice in relation to how she lived her life and her choices were respected.

There was a complaints policy in place, it was accessible to residents and included an appeals procedure. However, it required review as it did not name the person responsible for investigating complaints made. One resident told the inspector of a complaint she had made. The person in charge confirmed that the compliant had been investigated and was now closed. However, no records had been kept of the complaint, the investigation, outcome or level of satisfaction of the complainant. Residents had access to advocacy services. They could receive visitors to their home and there was a room available to them to use if they wished.

Residents retained autonomy of their own lives. The inspector met one resident as the remaining two were out and about leading their independent lifestyle. Residents were able to take risks within their day to day lives; they were not impeded from participating in anything they choice to do. One resident confirmed they had control of their own personal possessions including finances and this was facilitated by having their own...
Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Major

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

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

The inspector found the criteria for admission to the centre was not clear and the person in charge had minimum input into the admission of residents into the centre.

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

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

**Findings:**
Residents had comprehensive assessments in place and a corresponding personal plan.
One resident spoken with stated her needs were been met by staff. The inspector reviewed a resident's file and found that the resident had a comprehensive assessment completed. There was evidence that the resident and their key worker were actively involved in this assessment. The assessment reflected the residents interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. These assessments were due for review on an annual basis going forward.

The resident had a corresponding outcome based personal plan in place. The inspector spoke to one of the residents’ who confirmed all the data in the personal plan was based on her personal outcome based goals for 2014. The staff within the centre appeared to encourage, facilitate and promote the residents independence to maintain an active and fulfilled life.

**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 - Minor

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

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place did not meet the legislative requirements as it did not include measures in place to identify and manage the risk of self harm by a resident. The person in charge completed risk assessments on a monthly basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was an up-to-date, detailed, localised health and safety statement in place. The emergency plan in place was also detailed and included the procedures to be followed in the event an emergency.

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

Outstanding requirement(s) from previous inspection:

Findings:
Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'. There had been one reported incident of alleged abuse from this centre to date. However, the inspector was satisfied that it had been appropriately investigated.

The inspector was informed that the three residents had their own front door key. Residents' spoken with told the inspector they felt safe and secure in their home. They had access to an enclosed garden shared with the centre next door, all the exit/entry doors could be secure by locking and the house was alarmed. Residents could lock their bedroom door if they wished; they had access to bedroom door keys. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Residents had wellbeing assessments completed and these were available for review. None of the three residents displayed behaviour that was challenging and none required the use of any form of restraint.

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

**Findings:**
The health care needs of residents were being met. The inspector reviewed one resident’s file and saw evidence that the resident was facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. For example, the resident had been reviewed recently by a dentist and by a physiotherapist. Records were on file to reflect these assessments.

One resident spoken with told the inspector they had a choice of food. Residents undertook most of the cook with staff supervised and they also assisted with the shopping. The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Snacks were available and staff all had up-to-date food hygiene training in place.

**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Major

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

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

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident’s medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made.

The prescribing of medications was not in line with best practice and therefore social care workers could not administer medications in line with the Safe Administration
Medication (SAM) guidelines. For example, the SAM guidelines stated that when medication was discontinued that a pencil should be used to draw a line through it, write D/C and initial. This is not in line with safe or best practice.

Resident medication prescription charts were reviewed and the findings were as follows:
- the residents GP name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- each medication was not individually prescribed by either the medial officer (MO) or the residents GP
- the frequency that each medication was to be administered was not written on two of the three charts reviewed

The inspector saw that each of the residents had their prescribed medications reviewed by the MO within the past month. Staff had up-to-date SAM training in place.

**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 - Minor

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

**Findings:**
There was a written statement of purpose available. It contained full details of all the services and facilities provided to residents. However, it did not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

For example, it did not reflect information regarding the following:
- criteria used for admission to the designated centre, including the designated centre’s policy and procedures for emergency admissions
- the local organisational structure of the designated centre

The staff shift patterns outlined in the statement of purpose were not reflective of what was available. For example, the statement of purpose stated that there was one staff on sleepover in the centre each night. However, this was not the practice as staff were on sleepover in the centre next door only.

The statement of purpose was not available to residents or 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

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

**Findings:**
There was a clearly defined management structure. The centre was managed by a suitably qualified and experienced social care worker with authority, accountability and responsibility for the provision of the service. He was the named person in charge (PIC), employed fulltime to manage the centre and a second centre located directly beside/attached to this centre. The inspector observed that he was involved in the governance, operational management and administration of the centre. However, he was not adequately informed about the legislative responsibility the role of the person in charge entailed. For example, he was not aware of the need to have an individual staff roster for each centre.

He had a good knowledge of the three residents' living in the centre having worked with them for a number of years. He was supported in his role by a team of social care workers who worked between the two centres. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). He stated regular scheduled minuted meetings took place with the service manager and minutes of these meetings were available for review. The nominated person on behalf of the provider attended the centre occasionally.

The inspector reviewed the staff roster with the person in charge and found that the number of protected management hours provided to him to date in 2014 was not adequate for him to carry out his role as person in charge of this centre and the centre next door. This was reflected in the fact that the centre was non compliant with the seven of the ten outcomes inspected against.
**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 - Major

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

**Findings:**  
Staff were not available to support residents for six hours, Monday to Friday as stated in the statement of purpose and identified on the staff roster.

The statement of purpose stated that one member of staff was allocated to support the three residents' living in the centre for six hours per day, between 15.00hrs and 21.00hrs Monday to Friday. However, a resident spoken with stated that the staff member allocated to work in the centre was not always available for the six hours, as they had to assist in the centre situated next door. The person in charge confirmed that this was the normal sequence of events. The two centres were operated as one with staff been pulled mainly from this centre to assist next door. This resulted in negative outcomes for the residents' which was evidenced by the Authority being notified of an incident involving safeguarding and protection which occurred when no staff were present in the centre.

There was no individual staff roster for the centre. Staff allocated to work were identified on the staff roster in the centre next door. Agency staff were not employed and there were no volunteers. Supervision practices for staff were in place.

Staff records showed staff had up-to-date mandatory training in place. Those spoken with were confident regarding the procedure to follow in the event of a fire and in the event that they witnessed any form of abuse to a resident.

Recruitment practices were robust. All documentation outlined in schedule 2 were available in two staff files reviewed.
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:

Sheila McKevitt
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

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<tr>
<td>Date of Inspection</td>
<td>30 May 2014</td>
</tr>
<tr>
<td>Date of response</td>
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Requirements

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure did not name the person responsible for dealing with complaints.

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

Please state the actions you have taken or are planning to take:
1. The PIC will complete a document in an accessible format to identify the person/s responsible for dealing with complaints.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
2. The PIC will complete an appeals procedure to be added to the complaints procedure. The appeals procedure will be in an accessible format for all residents.

**Proposed Timescale:** 30/07/2014  
**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records were not kept of complaints made, investigations completed or the outcome of complaints or level of satisfaction of the complainant.

**Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
1. The PIC will review the complaints procedure to ensure that all complaints are recorded and that the records are maintained. This will include the complaint and any investigation, which was necessary.

2. The PIC will make sure that the complacent is satisfied or not with the outcome. This will also be recorded.

3. The PIC will ensure that all residents and their representative are familiar with the complaints procedure. This will be done at the weekly house meetings.

4. The PIC will ensure that all staff are familiar with the complaints procedure. This will be done at the next staff meeting

**Proposed Timescale:** 26/07/2014

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have agreements in place outlining the terms of their admission.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be
Please state the actions you have taken or are planning to take:
1. The PIC will ensure here are tenancy agreements in place. These include the amount of rent that will be paid by each resident.

Proposed Timescale: 30/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The criteria for admission to the centre included minimum input from the person in charge.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
1. The PIC will ensure that the admission policy is in place.

2. The PIC will ensure that on admission to the designated centre residents or their representatives will be given the terms on which that the resident will reside in the designated centre.

Proposed Timescale: 05/07/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include self harm.

Action Required:
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
1. The PIC will complete an assessment on each of the residents to assess if they self harm.

2. The PIC will complete a risk management policy to manage / Support residents who self harm.
3. Staff will apprise themselves of and sign off by each staff member at the next staff meeting on the 16th of July 2014.

4. The PIC will send a letter to Families to inform them of the procedure that will be followed for self harm of a resident.

**Proposed Timescale:** 17/07/2014

### Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medication prescription charts were not completed in accordance with best practice for the following reasons:
- the first name of medical officers only appeared on a number of the prescription charts
- each medication was not individually prescribed by either the MO or the residents GP
- the frequency that each medication was to be administered was not written on two of the three charts reviewed

**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:**
1. The PIC has been advised that the Medications Management Group is currently reviewing the safe administration of medication policy.

2. The PIC will ensure that these policies are understood and implemented by staff.

**Proposed Timescale:** 30/09/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Safe Administration Medication Guidelines were not in line with safe or best practice.

**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:**
1. The Medication administration sheets have been changed and are now in place for each resident.

2. The PIC has been advised by the Director of Psychiatry and the Head of the Medical Department. That they are developing an organisational prescribing policy.

3. The organisations Medication Administration Group will develop a policy for residents being referred to hospital /external providers. This will assist with their medication reconciliation.

4. The PIC will ensure that these policies are implemented by staff.

**Proposed Timescale:** 30/09/2014

**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 statement of purpose does not accurately describe the services provided in the centre and does not contain all the information as required in Schedule 1.

**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:**
1. The PIC will revise the statement of purpose to reflect to information set out in Schedule 1 of the health act 2007

**Proposed Timescale:** 25/09/2014

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A copy of the statement of purpose was not available to residents or their representative.

**Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose
Please state the actions you have taken or are planning to take:
1. The PIC will ensure that the statement of purpose is available to all residents of the designated centre.

2. The PIC will ensure that the statement of purpose is available to all representatives of the residents of the designated centre.

Proposed Timescale: 30/09/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements are not in place to support and develop the person in charge. He does not have regular, consistent protected management hours and therefore has not had time to familiarise himself with his new role and legislative responsibilities.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
1. The PIC is at present in the process of completing a certificate in applied Management. This will be completed by the 30th July 2014.

2. The roster has been reviewed on the 11th of June 2014 and the PIC will now have four management days allocated on each roster going forward.

3. The PIC will ensure that he is familiar with his role and legislative responsibilities.

Proposed Timescale: 15/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that the staffing required was as per the statement of purpose and as per the assessed needs of the residents’.
### 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:**
1. The PIC has put a roster in place for the designated centre.
2. The PIC will review the roster to ensure it meets the needs of the residents in the centre.

**Proposed Timescale:** 30/09/2014

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no staff roster maintained for the centre.

**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:**
1. The PIC has put a roster in place for the designated centre.
2. The PIC will ensure that there are dedicated staff assigned to the designated centre and that this will be protected time.

**Proposed Timescale:** 16/06/2014