### Health Information and Quality Authority

#### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003494</td>
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<tr>
<td>Centre county:</td>
<td>Roscommon</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:gnelson@roscommon.brothersofcharity.ie">gnelson@roscommon.brothersofcharity.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Roscommon</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>Marie Matthews,</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>12</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 2 day(s).

The inspection took place over the following dates and times
From: To:
16 April 2014 09:00 16 April 2014 20:30
17 April 2014 10:00 17 April 2014 21:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This monitoring inspection was the first review of this residential service carried out by the Health Information and Quality Authority. It was an announced two-day inspection.

The designated centre comprised of five houses that accommodated 12 residents, and provided day and residential support services for adults with a mild to severe intellectual disability. The person in charge of this centre, had responsibility for three designated centres in total in the organisation. As part of the inspection, inspectors met with residents, staff members, person in charge, provider and other members of the management team. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, staff files and organisational policies and procedures.

The centre's five houses were situated on detached private sites and in housing estates. The houses accommodated a maximum of four residents each, and there were no vacancies on the day of inspection. The grounds were attractive and had secure well-maintained gardens for use by residents. Inspectors found that the houses were warm, homely, comfortable, clean, appropriately furnished and well maintained.
Overall, inspectors found evidence of a person-centred approach being promoted that met the health and social care needs of residents. Inspectors found evidence of good practice in a range of areas.

The Brothers of Charity Services Roscommon have embraced the Council on Quality and Leadership’s (CQL) Personal Outcome Measures (POMs) as a person-centred quality of life measurement. Personal outcome measures enhance the organisation to focus on quality from the perspective of the individual’s receiving services. The residents living in these designated centres were involved in the quality enhancement system, and inspectors viewed evidence of this in their personal outcome folders.

Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. Inspectors found evidence of residents being involved in decisions about their care and to be supported to promote independence and exercise choice in their daily lives.

Non-compliances were identified in relation to staffing, risk and medication management, and organisation policies, which are discussed further in the report and included in the Action Plan at the end of this report.
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

Findings:
Inspectors found that each resident’s wellbeing and welfare were maintained by a good standard of evidence-based care and support. Inspectors viewed a sample of resident's files, including resident's personal goals and found that they were individualised and person centred. For example, the resident's needs, preferences and aspirations were clearly identified and residents and family members were involved in the developments of individual outcome goals, which were reviewed at a minimum annually. Each resident had a personalised folder, and some residents proudly showed inspectors their individual plans, which included information about their backgrounds, and the goals they planned to accomplish and had already fulfilled for the current year. There was evidence of a multi-disciplinary approach in the personal outcome plans and useful communication tools such as “social stories” and pictorial images were used to support resident's communication skills.

Inspectors noted that residents were supported and guided to acquire the necessary skills for actively living and participating in the community. Arrangements were in place to promote resident's independence and choice, and these goals were appropriately implemented to achieve the resident’s desired outcome. All residents were living in community houses that were environmentally suitable for their needs, and they all had their own individual bedrooms.

Inspectors found that there were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. For example, recreational activities were available for some individuals in day services five days a week, other residents received a wrap around service from their home, which included individual staff members assisting the residents with their needs on a 24-hour basis. Residents participated in the day-to-day house planning, for example, meals, social activities and personal shopping.
There was an extensive range of activities available to the residents both in the day, and the residential homes and residents had chosen to attend many of these. Two popular choices were music sessions and swimming and residents confirmed they enjoyed these. However, some social activities were limited due to the dependency needs of the individual or other residents sharing the house with them. For example, in one house, one staff member was assigned to look after three wheelchair dependent residents, and that restricted some of the activities these residents could participate. Staffing will be discussed in further in Outcome 17.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

**Findings:**
The organisation has a national policy and governance statement on risk management, which identifies its corporate governance procedures on risk identification, description, and risk rating. Inspectors observed a number of individual risk assessments and found that they did not appropriately identify or specify the actions required to control risks for the residents. For example, the management of a resident with behaviours that challenge. There was also no definite timescale for risk assessment reviews or reference in the risk assessment to the risk ratings matrix utilised to rate the risks. In addition, the risk register did not identify all of the assessed risks in the houses on a scale of priority to ensure good governance and management.

A Health and Safety Statement was in place, however, it was not robust enough and required review to address risks specific to the centre. For example, not securing wheelchairs during transit in buses, or the proper storage of chemicals had not been identified.

Inspectors reviewed staff training records and found that staff had received training in safe moving and handling of residents. However, moving and handling equipment had not been serviced since 2012 and staff had not received training on its use. Inspectors also noted, there was a sloped path outside one of the houses, but there was no handrail to prevent someone falling from a high step created by the ramp.

The infection control policy was part of the safety statement, which was informative on hand hygiene, and food hygiene. Inspectors observed that there were appropriate facilities in place for the prevention and management of infection control, including hand washing facilities and hand sanitizers and personal protective equipment including aprons and disposable gloves. However, the policy did not state the proper management for the prevention or control of health care associated infections or training required for
staff in relation to infection control. For example, The proper temperature for laundering soiled clothes was not documented on the safety statement.

The safety statement described the fire safety procedures and the house evacuation plans were centre-specific. Inspectors spoke with staff and residents, and they were knowledgeable about what to do in the event of a fire. Training for staff in fire safety was in date, and further fire safety training was scheduled after the inspection. Fire drills were carried out at least twice yearly the last recently completed on the 3/4/14 and inspectors viewed records of completed drills.

Servicing of the fire alarm and emergency lighting was outsourced to an external fire safety company. The fire alarm systems were last reviewed 12/12/13. The fire extinguishers were serviced on an annual basis, and the inspector's viewed the certificates. The fire officer visited all of the houses to familiarise him/her self with the layout of the different houses and individualised evacuation plans were in place for each resident.

Inspectors checked a number of vehicles maintenance records to ensure that vehicles were regularly maintained, and insured, and found to be compliant. For example, Inspectors noted that, one vehicle had two services completed in the past three months.

Inspectors reviewed accident and incident reports and found that accidents and incidents were being recorded. Inspectors found evidence of learning from accidents and incidents and measures to prevent re-occurrences were documented in resident's care plans. The provider told inspectors that accidents and incidents were reviewed by a person in charge and trending and analysis was completed. However, the residential placement of one resident caused concern for the inspectors, as arrangements in place for this person did not ensure that risk control measures in place were proportional to protect the individual from the high risks identified, and the adverse impact such measures may have on an individual's quality of life.

**Judgment:**
Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse in the organisation. The policy and governance documents described clear guidance for staff as to their responsibility if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. The policy also included the name and contact details of the designated contact person. Staff members interviewed confirmed that they were aware of this policy, and where to locate it in the centre. However, the policy requires review, as it does not state regulatory requirements to report allegations of abuse, to the Health Information and Quality Authority. The Governance Statement also requires review as it has not been reviewed since 2011.

Residents informed inspectors that they felt safe and well cared for by staff, and there were good procedural guidelines on the provision of personal care to residents including respecting residents privacy and dignity. Examination of the training matrix demonstrated that staff had received training in the protection of vulnerable adults and good practice guidelines and that refresher training was repeated every three years. Inspectors reviewed the organisation’s governance statement, and there were no recommend time-lines for staff/management to follow for training in adult protection or good practice guidelines.

There were organisational policy guidelines on “responding to challenging behaviour” supportive strategies in place. Staff had training in the management of challenging behaviour’s, and this was regularly updated. There were a number of residents that displayed behaviour's that challenge. These issues were risk assessed and behavioural management plans were in place. For example, one resident's behavioural support plan identified triggers that may initiate a challenging behaviour incident, and reactive strategies to respond to an incident once it had occurred, however, it did not clearly identify preventive strategies to avoid an outburst. For example, a resident with a recent history of aggressive behaviour towards staff while driving, had continued to be transported in the front passenger seat of the car. Inspectors also noted in this case, there had been no review of the recent incidents, by the behaviour support specialist to prevent or minimise the incidents reoccurring.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development
Findings:
Inspectors found that there were appropriate arrangements in place to support residents’ health care needs, and residents were supported on an individual basis, and had appropriate access to their general practitioner's (GP), Dentist's, Physiotherapists, and Psychiatrists as required. Inspectors found that residents had access to medical treatments when recommended, including, for example, regular blood tests and the availability of psychiatric reviews.

Residents had access to a range of allied health services and inspectors viewed referrals to Speech and Language Therapists, Optician's, and Behavioural Support Therapists. Health assessments were up to date for all residents and provided valuable information for staff in the care of residents. Inspectors noted that a resident had chosen to manage his own medical needs and had refused medical treatment on occasions, inspectors observed self medication assessments and signed evidence of this in his file. There was also evidence of health support plans in resident's files that were regularly reviewed, and updated to guide contemporary evidence-based practice. For example, one resident with a specific dermatological condition had treatments provided to treat his condition. This was documented in the resident's health plan and appropriately kept under review.

Daily and emergency medications were prescribed, for some residents with epilepsy, however, inspectors noted that protocols were not in place as per the organisation's medication management policy, to guide staff in the management of epileptic seizures. These protocols have since been documented, and staff are aware of the protocols in the resident's files.

There were no recent reported incidents of residents' falls. Interventions had been implemented to minimise the risk of falls or injury to residents or staff. There was equipment available to ensure that residents were provided with appropriate care and support when moving and handling.

Some residents received their meals in a different location during the week depending on their daily routine, for example, some individuals went to day services, others received their day and residential service from their home, more had paid jobs with local companies. Residents were involved in the planning of the weekly menu and had a good choice of meals with alternative options if they so wished. Inspectors found that there was an ample supply of fresh and frozen food and that residents could have snacks at any time. Inspectors found that the mealtime experience was an unhurried and social occasion which provided a good opportunity for social engagement.

Judgment:
Compliant
### Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Findings:**
There was a comprehensive centre specific medication policy in place and staff spoken with were knowledgeable regarding medication management policies and practices. All medications were individually prescribed including medications that required to be crushed. Inspectors reviewed a sample of prescriptions/administration charts and medical instructions for staff to administer medications.

The prescription for (as required) PRN medication did not specify the max dose of the medication to be administered in 24 hours, as per medication policy. A number of residents were diagnosed with epilepsy and prescribed Buccal Midazolam as an emergency treatment, Inspectors noted that there was training received by staff to guide staff on its use.

**Judgment:**
Non Compliant - Minor

### 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

**Findings:**
Inspectors found that there was an effective management system in place with clearly defined management structures. Inspectors spoke with staff and residents and found that staff were clear in relation to lines of authority and residents were able to identify the person in charge. The person in charge had the required skills, qualifications and experience to manage the designated centre. Improvements however, were required in relation to carrying out reviews of the service, and regular face to face meetings with staff on a monthly basis. The person in charge has since put these in place.
This designated centre comprised of five houses accommodating 12 residents. The person in charge had responsibility for three designated centres in total in the organisation. The person in charge outlined the types of arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss issues relating to safety and quality of care in their house. Meetings between social care leaders (who supervise each house on a day to day basis) and the person in charge were reported to have taken place every month. Meetings were held by the team leaders and the person in charge, approximately every six weeks. A team leader confirmed these meetings took place. Regular management meetings took place between the provider and the person in charge.

The Brothers of Charity Services, head office was situated in Roscommon town and the Human Resources department recruited all staff for the organisation, and all of the staff files were held there. Staff had annual appraisals and records of staff appraisal were kept in the staff files. The staff data for this centre was reviewed at this inspection and found to be in compliance.

Judgment:
Compliant

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

Findings:
The inspectors reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centres was in place. The inspector reviewed six staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

Training records were held centrally which outlined the planned and actual training for all staff. Training provided in 2014, included areas such as, emergency evacuation procedures, person-centred planning, medication management, and moving and handling. While there were appropriate supervision arrangements in place, such as regular meetings between the provider and persons in charge, and meetings between persons in charge and staff, this was not consistently formalised and recorded in each house to support staff development.
The management team were committed to providing ongoing training to staff. Annual performance reviews were completed with staff which included identifying areas for training and development. There was a training plan in place for 2014 which included health and safety and risk management, protection and safety of vulnerable adults, epilepsy awareness, and medication management.

Staffing levels in place did not always meet the needs of the residents. For example, in one house the residents had identified their desire to go swimming, but current staffing levels prevented individuals achieving personal outcomes goals on a regular and consistent basis. The inspectors observed staff interacting with residents in a positive manner encouraging them to maintain independence in areas such as personal hygiene, laundry and assistance with cooking. Residents spoke with stated that staff were very helpful and assisted them to do whatever they needed.

**Judgment:**
Non Compliant - Minor

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**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:**

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of Inspection:</td>
<td>16 April 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 June 2014</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 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:

There risk management policy was not robust enough or centre specific, to include hazards as per regulation 26 (1)(2)(3).

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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1 The Authority reserves the right to edit responses received for reasons including: clarity, completeness, and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tr>
<td>The risk management policy now addresses this and signposts to other specific policies dealing with hazard identification also.</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Ensure that measures and actions are in place to control risks for safe moving and handling for residents and staff.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The risk management policy now addresses this and signposts to other specific policies dealing with hazard identification. Specific risk assessments have been carried out on using the hoist and protocols are in place.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The residential placement of one male resident has placed him at risk of injury and harm, and this requires review.

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
The risk management policy refers to the challenging behaviour policy which promotes a positive behaviour support approach for each individual case. The case has been referred back to the behaviour support specialist and a review of the risk control measures in relation to the service user in question is due to take place by the end of July.

| Proposed Timescale: 31/07/2014 |
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure policies and procedures and staff training are in place to prevent health care associated infections.

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The policy guiding best practice in hygiene and infection control has been updated and circulated to all staff for guidance in this area.

Proposed Timescale: 20/06/2014

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:
Ensure positive behavioural supports are available to residents and staff, and risks identified are managed to prevent incidents occurring.

Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
MAPA training is compulsory for all staff working with people with behaviour support needs. Referral has been made back to the behaviour support team and it is to be prioritised for action by the end of July.

Proposed Timescale: 31/07/2014

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:
PRN max dose was not stated on a number of medication charts.
Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
All PRN medication charts have been referred back to the GP for correction.

Proposed Timescale: 13/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure staffing levels are assessed and based on dependency levels of the individual and appropriate staff are in place to attend to resident’s needs and personal outcome goals.

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:
Costing on the additional staff required to be sent to the HSE and additional funding and WTEs to be sought to employ these staff. 1.) 30/09/2014
2.) Reduction of outreach service to existing people in the community and re-configuration of outreach staffing to accommodate the needs in residential services in the interim period. 2.) 17/09/2014

Proposed Timescale: 30/09/2014