<table>
<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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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002386</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 9</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>Maureen Hefferon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</tbody>
</table>
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 26 August 2014 09:00 To: 26 August 2014 15:00

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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<td>Outcome 06: Safe and suitable premises</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>
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<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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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). Nine outcomes were inspected against and the centre was found to be in compliance with six of the nine outcomes. The inspector found the management team had made considerable efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The centre is home to nine residents who have nursing and social care needs. It was first opened in the late 1970's and has been home for some residents since then. The inspector met with five of the nine residents and with some staff. The inspector observed practices and reviewed documentation such as comprehensive assessments, personal plans, fire records, policies and medication records.

Overall the inspector found there were no immediate risks to residents. However, improvements were required in three of the nine outcomes inspected against. The design and layout of the premises did not adequately meet the needs of the nine residents living there. The statement of purpose required review in order to meet the legislative requirements and some staff require refresher training.
The action plans at the end of the report reflect the non compliances with regulations and standards.
Outcome 05: Social Care Needs

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector saw that each resident had a detailed comprehensive assessment completed. Two resident records were reviewed both showed that members of the allied health care team were involved in the residents’ assessment. The assessment reflected the resident needs. For example, the assessment clearly identified the residents past medical history, social, psychological and physical needs.

Each resident had a personal plan in place with two to three goals set for 2014. The plans reflected the residents’ personal goals for the year and actions in place to assist the resident achieve these goals and timescales were included. There was evidence that the residents’ next of kin and key workers’ from both their day care facility and their home were involved in assisting the resident to plan their annual goals.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The design and layout was not suitable to meet the individual and collective needs of the nine residents currently living in the centre. The centre did not appear comfortable or homely, for example, the main communal room had a minimum amount of natural sun light, it was a dark room containing dark coloured furniture and a minimum amount of soft furnishings.

The main communal sitting/living room was situated in the centre of the house. Several doors opened into this room including the dining room, upper hallway and lower hallway; hence it was used as a walkway to access these areas of the house, allowing for little or no privacy. As one side of the room was kept clear for people to walk through there was a minimal amount of actual floor space available for use as a sitting room. The available room space did not appear adequate to accommodate nine residents comfortably, two of whom were wheelchair users and one of whom used a mobility aid within the house.

Each resident had their own bedroom. However, none of the nine bedrooms were ensuite. There were just two bathrooms available for residents use and three toilets. The inspector had concerns these facilities were not meeting the needs of the residents living in the house due to location within the house and two of the toilets could not be accessed if the bath and/or shower were being used. The inspector noted one incident of challenging behaviour which appeared to have escalated due to delayed access to the toilet in use at the time by another resident.

The two wheelchair bound residents occupied the larger of the nine bedrooms. Two resident bedrooms were situated in the upper area of the house where there was also a second smaller communal sitting room available. Seven resident bedrooms were located at the lower end of the house. The inspector saw evidence that two residents who frequently displayed challenging behaviour at night-time choose to use either of the two communal sitting rooms. The challenging behaviour displayed by these residents often involved a high level of noise and due to the close proximity of both communal sitting rooms to the bedrooms this resulted in all other residents in the house been woken. The inspector saw written evidence and staff spoken with confirmed with the inspector that this was having a negative impact on residents living in the centre. For example, on the night prior to the inspection records reviewed indicated that all residents had been woken during the night due to one resident displaying challenging behaviour. On the day of inspection one resident told the staff she was very tired and did not feel up to attending day care, she chose to return to bed and slept for most of the day.

Although the centre was clean some areas were not kept in a good state of repair. For example, the flooring covering was worn in places.

The residents had access to small secure patio and garden area to the front of the house. It contained vegetable and flowers beds maintained by some of the residents.
However, it was adequate to meet the needs of nine residents as it was too small.

**Judgment:**
Non Compliant - Major

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

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

**Theme:**
Effective Services

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

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

### Findings:

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. The person in charge completed risk assessments on a monthly and annual basis. There was a health and safety statement in place and health and safety checks were completed on a quarterly basis by the person in charge and service manager. Required actions were identified, for example, staff training needs identified and acted upon. There was an emergency plan in place. The risk management policy met the legislative requirements.

All accidents and incidents were recorded in detail by staff and submitted on the computerised system. A record was printed off and available for review in each resident's personal file. These records were detailed and were used by members of the allied health care team to determine a change in a resident's condition. They were also analysed by the management team and used to change practices. For example, if there was an escalation of challenging behaviour extra staff were rostered to work.

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 and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. There was a fire evacuation floor plan posted on the wall in the front hallway clearly identifying the nearest fire exits.

The inspector saw that each resident had an individual fire evacuation plan in place which detailed how they were evacuated if there was a fire during the day or night. They contained clear instructions on how to evacuate each resident. Records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents. All residents were safely evacuated within a maximum of four minutes during these drills.

Manual handling practices were not observed during the this inspection. However, the inspector reviewed three staff training records and saw they had up-to-date manual handling training in place. Infection control practices were adequate. The
laundry/cleaning room within the house was separated from the living areas. Hand wash and dry facilities were available over wash hand basins.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
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 safeguarding vulnerable adults training in place and those spoken with had a clear understanding of how to safeguard residents'.

A number of residents living in the centre had been risk assessed and identified as being at risk of abscondion. Therefore secure keypads were in place at the front door. The accessible small garden and courtyard was made safe and secure with pad locks on entry/exit gates. All the exit/entry doors could be secured by locking.

Communication between residents and staff was respectful. Residents who at times displayed behaviours that maybe challenging had detailed, up-to-date wellbeing assessments, behavioural support plans and detailed records of each episode of behaviour that may be challenging in place.

There were a number of residents' who required different forms of restraint to be used in order to maintain their safety. These residents each had a risk assessment in place which identified there limited ability to maintain their own safety. Each assessment reflected when, how and for what period the restraint should be used and had a corresponding plan in place. For example, one resident was identified as been at risk of self injury, therefore all sharp items within the house required to be locked away.

**Judgment:**
Compliant
### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The health care needs of residents were being met. The inspector reviewed two residents’ files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. For example, on the day of inspection one resident was awaiting transfer to an acute hospital due to a worsening of her illness. Members of the allied health care team came to the centre to review the resident on several occasions prior to her transfer. Records were available to reflect assessment and treatment provided by health care professionals.

There was a domestic employed to prepare, cook and serve meals Monday to Friday. The inspector saw there was a good stock and variety of food. The domestic was observed returning to the centre with groceries. Residents were observed eating their breakfast of choose in the dining room. Access to the kitchen was restricted due to some residents been unaware of danger and others having a love for all types of food. However, one resident who was assessed as been independently capable of preparing snacks did have access to the kitchen.

**Judgment:**
Compliant

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Medication management practices were in line with best practice. There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. These were in the process of been updated to
reflect the new positive change in practices.

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.

Safe Administration Medication (SAM) guidelines were under review to reflect new changes in practices.

Resident medication prescription charts were reviewed. Each medication was prescribed by a medical officer and contained an original signature. The residents general practitioner was identified on the prescription chart and all sections of the chart were completed in full. The inspector saw that each resident had their medication prescription reviewed within the previous 24hrs.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a written statement of purpose available. 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:

- the age range and gender of the residents for whom it is intended that accommodation should be provided.

- a description of the rooms including their size.

- the organisational structure of the designated centre
The content of the statement of purpose was known by staff and a copy was available to them. However, it was not available in a format that was accessible to residents and or their representatives.

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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced nurse, who held the post of clinical nurse manager for the past nine years. He held authority, accountability and responsibility for the provision of the service. He was the named person in charge (PIC) and was employed full-time. However, was not on duty on the day of this unannounced inspection.

The inspector saw he was supported in his role by a clinical nurse manager, staff nurses, social care workers and health care assistants. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The inspector saw he was allocated management days on the monthly staff roster.

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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The numbers and skill mix of staff were adequate to meet the needs of the nine residents. A number of the residents had high nursing needs and the inspector saw from reviewing the staff roster that there was at least one staff nurse rostered to work at all times.

Agency staff were not used and there were no volunteers. The management team sought staff from other centres or day care facilities situated on the same grounds if extra staff were required to meet resident needs. For example, on the day of inspection there was one resident acutely ill, this resident required care from the two staff on duty. The inspector saw that an extra staff member was sought to work from 08:00hrs - 13:00hrs to support them. In addition, another resident choose not to attend day care and remained in the house, the management team arranged for a member of staff from the day care service to come to the centre and care for the resident.

The inspector viewed staff training records and found that staff all had up-to-date mandatory training in place. However, the domestic who prepared meals for the residents had not completed refresher food safety since 2002.

Three staff files were reviewed and they contained all required documents as outlined in schedule 2.

**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:**

Sheila McKevitt
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>26 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03 November 2014</td>
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</tbody>
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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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises are not designed and are not laid out to meet the aims and objectives of the service and the needs of the nine residents.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
The management team along with person in charge are working on a draft-phased plan. This outlines the strategy of the organisation to reduce the number of residents from 9 to 6. The person in charge has identified clinical supports for residents and their families to facilitate potential transfer. The Person in Charge with the clinic team have identified 3 residents whose needs would be better met in a different residential environment.

A referral was sent to the centralised residential approvals committee on the 9th July 2014. This identified 3 residents to be considered for a move out of Glenmalure. This reduction from 9 to 6 will create more living space for the residents in Glenmalure.

Clinical supports have been identified for residents and family members in preparation for moves. The person in charge, with the clinician, has arranged meetings with the families of residents identified. One of these meeting took place on the 21st of October. This family member has clearly stated that she will not agree to a move. This may add some additional complexity to the process. Work will continue to progress a suitable placement. A meeting with the family of the second person is scheduled for the 6th of November. The third move is on hold at present as the resident is in hospital and will require rehabilitative care. A full assessment will be carried out to determine her future needs. The resident will remain in hospital until a suitable place has been identified.

Work is being carried out by a social work team leader in consultation with Persons in Charge to identify potential suitable placements for the three residents. Needs assessments are in the process of being completed for each of the three residents and are due to be completed on the 6th of November. A likely potential place has been identified for one of the three residents. If the assessment indicates that this place is suitable the timeframe for this move to be completed is end of February 2015. When the assessments are completed work will commence on identifying suitable vacancies for the other two residents.

To progress the suitable placement for a resident with mental health difficulties a meeting of Senior Management, St Michael’s House (CEO, Regional Director and Head of Psychiatry) and the HSE Area Manager for Dublin North will take place on Tuesday the 4th of November. The purpose of the meeting is to progress the necessary funding or provision of an alternative placement. This matter has already been raised with the HSE by St. Michaels House.

Moves of three residents completed by end June 2015

<table>
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<tr>
<th>Proposed Timescale: 30/06/2015</th>
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<tbody>
<tr>
<td>Theme: Effective Services</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The building was not kept in a good state of repair externally or internally.
**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
The management team and person in charge along with the technical service department will develop a schedule of work and costing to repair the premises internally and externally. Meeting held with head of technical services, person in charge and service manager on Friday the 17th of October 2014. Priority essential repair will take place within 3 months of the date of this meeting. Capital items will require 6 to 12 months. The person in charge will ensure that house meetings with the residents will include on the agenda discussion of the development of the refurbishment plan.

Phase 1 – Painting and decoration of the house and replacement of flooring in sitting room to be completed by 31st January 2015.
Phase 2 – minor internal alteration when numbers reduce to 6 residents completed by 30th of June 2015.
Phase 3 – complete refurbishment of the house, which would require vacant possession of the unit for the works to be completed. Completed by 30th of November 2015.

These works will be contingent on resources from the HSE.

Proposed Timescale: Phase 1 completed by 31st of January 2015
Phase 2 completed by 30th of June 2015, Phase 3 completed by 30th November 2015

**Proposed Timescale:** 30/11/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre did not meet the requirements outlined in schedule 6. There were not an adequate amount of bath/ showers to meet the needs of nine residents. The private and communal accommodation was not adequate to meet the social, recreational and dining needs of all nine residents.

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

**Please state the actions you have taken or are planning to take:**
The management team along with the person in charge will engage the services of a skilled and qualified team to assess the environment and how it best meet the needs of the residents. Meeting held on the 17th of October with head of technical services, which identified the immediate and medium term planning for the refurbishment of the house.
Temporary accommodation will need to be sought for the duration of any significant refurbishment work that is planned. Person in charge has informed families of the proposed reduction of numbers and refurbishment for the house.

Phase 2 – minor internal alteration when numbers reduce to 6 residents completed by 30th of June 2015.
Phase 3 – complete refurbishment of the house, which would require vacant possession of the unit for the works to be completed. Completed by 30th of November 2015.

These works will be contingent on resources from the HSE.

Proposed Timescale: Phase 2 completed by 30th of June 2015, Phase 3 completed by 30th November 2015

**Proposed Timescale: 30/11/2015**

### 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 did not contain all 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.

**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:

Person in charge will review and amend the Statement of Purpose in accordance with the regulations.

**Proposed Timescale:** 11/09/2014

**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 in a format accessible to residents and 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:**
The person in charge will develop an accessible version of the Statement of Purpose using pictures and symbols. The person in charge has identified 2 staff that will work on this with the residents. The accessible version will be made available to the residents.

**Proposed Timescale:** 15/01/2015

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The staff member responsible for the preparation of meals for residents did not have up-to-date food training in place.

**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:**
Person in charge has arranged for the cook/housekeeper to attend Food Safety training on Tuesday 16th of September 2014.

**Proposed Timescale:** 16/09/2014