

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0003167 |
| Centre county: | Dublin 7 |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Daughters of Charity Disability Support Services Ltd. |
| Provider Nominee: | Mary Reynolds |
| Lead inspector: | Michael Keating |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 17 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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: 01 October 2014 09:30 To: 01 October 2014 18:00

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

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| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

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

This centre forms part of the Daughters of Charity, a large organisation providing services to persons with disabilities in Dublin and is considered to meet the criteria for registration as a designated service under the Health Act 2007. The inspection was announced and took place over one day. As part of the inspection process the inspector met with the provider nominee, person in charge, staff, and residents. Inspectors observed practices and reviewed documentation such as health care records, policies and procedures and staff files.

The centre comprises of two separate residential living units, based upon a campus, along with other designated centre.

Overall, while evidence of good practice was found across all outcomes, two outcomes were judged to be in major non compliance, which related to inadequate staffing resources at specific times, and lack of social activity. The outcome of

safeguarding and safety was found to be in moderate non compliance, relating to lack of training for staff and the review process in relation to restrictive practices. A minor non compliance was found in relation to additional detail required within the statement of purpose.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall it was judged residents' wellbeing and welfare was being maintained by a good standard of care and support. However, there were limited opportunities for residents to engage in meaningful activity with many residents having little social activity on a daily basis. While person centred plans (PCP's) were in place for all residents they mainly focused upon one off activities as personal goals and were not outcome focused, and there was no way of assessing if they positively impacted upon the lives of residents.

Each resident had a personal plan and the inspector reviewed seven of these plans. Three of these plans were reviewed with the associated key working staff member, while the remainder were read by the inspector. There was evidence that residents had been involved in their plans. However, improvement was required to ensure that goals identified considered how they would impact upon the lives of residents. Goals read by the inspector were either task orientated or everyday activities which everyone should expect to have within their lives. For examples, goals identified included shopping, lunch 'out', drives, overnight hotel breaks, days out or increased activity within the centre. These goals were described as 'residents' dreams and wishes for the year ahead' within their care plans. There was no evidence of outcomes to promote independence, living skills or personal development. In addition there was no record if these goals had been achieved or how often residents' had availed of them. Staff spoken with stated that some of the activities referred to above had not happened at all during 2014, or had happened infrequently. For example, one key worker confirmed the residents goals as lunch out, day trips and an overnight hotel break stated that lunch out had happened twice or three times, a day out had happened once and that the overnight stay had not happened, with no plan in place to do so.

All staff spoken with throughout the inspection stated that residents were under stimulated and had little to do most of the time. The general consensus was that residents were well cared for, but rarely went out and had little to do. Daily activity records indicated that residents receive an average of one hour activation a day. This was usually done by day activation staff and activity plans did identify the interests of residents in this regard. For example, residents did group activity during activation such as Sonas, reflection, sing-along, painting, storytelling, music and exercise classes. However, the limited opportunity to avail of these services was particularly pertinent as residents were not provided with any other form of day service. In addition, at weekends activation services were not provided, and documentation showed that there was very little activity happening for residents at this time. Again, staff confirmed this to be the case, and stated that often residents had little to do other than sit in the centre all day long. Institutional care practices operating in the centre were deemed to be contributing to the lack of activity and stimulation for residents. For example, dinner and evening tea were delivered to the centre by van pre-prepared which prevented residents from being involved in cooking and being involved in the process, selecting raw ingredients, grocery shopping, preparing meals, and enjoying the social aspect of meal planning and preparation.

Personal planning documentation was also provided in a pictorial album format and in some cases this was done exceptionally well, with real effort made to provide the information in a more accessible format for residents. However, not all of these plans were up to date and some had no goals identified for 2014.

A multi-sensory room, with sensory stimuli including lighting, projectors and vibrating furnishing was provided in the centre.

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:

Overall it was found that the health and safety of residents, visitors and staff was promoted and protected. There were arrangements in place to manage risk and adequate precautions against the risk of fire.

There was a health and safety statement in place which had recently been reviewed and updated by the provider. There was also a detailed risk management policy and associated risk register identifying environmental and individual risk for residents. Personal moving and handling profiles and associated risk assessments were also in place for each resident. In addition, individual risk assessments in areas such as using a

hoist were considered in tandem with quality of life action plans, identifying how needing the use of a hoist impacted upon an individual's quality of life, and sought to minimise this impact.

Accidents, incidents and near misses were being recorded in detail and copies of the reports were submitted to the organisation quality and safety officer for review as well as to the organisation's health and safety committee. The forms also identified any follow up action required to minimise the likelihood of further incident. The minutes of the last two monthly health and safety committee meetings were read by the inspector, and there was evidence of shared learning from accidents and incidents occurring across the centres based upon the campus, and also learning from previous inspections carried out by this Authority in other parts of the service.

Records reviewed by the inspector indicated that fire safety training had been provided to all staff during 2014 and consideration was also given to ensure that all staff participated in a drill on an annual basis. Records of previous drills showed that minor issues had been identified, such as repairs or alterations to doors to assist with ease of evacuation, and also provided evidence that these repairs had been completed. The inspector viewed evidence that fire equipment was serviced regularly and fire hydrant points outside the centre and across the broader campus were identified and also checked regularly. The centre was fitted with an addressable fire detection and alarm system with emergency lighting and fire compartmentalisation; separated by fire doors with electromagnetic hold open devices. Individual evacuation risk assessments plans identifying the mobility status of each resident was also in place. Fire evacuation plans were posted clearly at all main exits.

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:

Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. There was a policy in place which had been reviewed and updated in May 2014 which provided guidance to staff on how to manage and report any concerns in relation to the protection of vulnerable adults.

However, while all staff spoken with were competent in their knowledge regarding reporting mechanisms within the centre and in how they would deal with any incidence of abuse, they were not all clear on what constitutes abuse. Not all staff had completed training in the area of adult protection. Training records indicated that some staff had not received any training in this area since commencement of employment ten years ago.

The person in charge and provider stated there was a plan in place to provide training to staff, however, this was asked for a number of times during the inspection and the provider was also asked to forward a training needs analysis to the inspector post inspection, which had not been received at the time of writing this report.

The residents appeared to be very comfortable and relaxed in the company of staff and residents appeared to be safe and well cared for. All residents had comprehensive intimate care plans in place, detailing their personal care needs, preferences and routines. These plans documented each resident's level of ability to self-care and also documented communication styles, such as using reality orientation cues for residents who were sight impaired.

Staff were trained in the therapeutic management of aggression and violence (TMAV) which focuses upon distraction and de-escalation techniques to be used in dealing with incidences of challenging behaviour before having to resort to any physical restraint. However, individual behaviour guidelines in place for some residents did not clearly identify the specific intervention plan for each resident, or at what point distraction and/or physical restraint should be used.

There were numerous restrictions in place throughout the living environment. Many of these restrictions were reviewed regularly by a multi-disciplinary support team (MDT). These reviews provided evidence that efforts had been made to reduce restrictions and to try to move to a less restrictive environment.

For example, 11 of the 17 residents were using bed rails, as reported to the Authority within the last quarterly returns. A recent review of this practice had removed this need for two of the residents by providing the residents' with low-low beds. The effectiveness of these beds for the two residents was also being trialled, with a plan in place to provide these beds to more residents.

However, common restrictions in place such as locked doors, locked kitchen(s), and observing residents hourly throughout the night were not being reviewed on an individual basis. Practices were not identified as the least restrictive alternative, and there were no plans in place to reduce or remove them. While these restrictions were assessed by the MDT as a necessity for some of the residents, their impact on other residents, who did not require such intervention was not considered.

The provider informed the inspector that they were in the process of reviewing the need to check on all residents throughout the night. The inspector noted that documentation had been compiled in each resident's file, such as sleep charts, to support this review.

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

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

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

Findings:

The inspector found that residents were supported to access health care services relevant to their needs. A general practitioner (GP) visited the centre three times a week, and a doctor on call was available outside these times. There was evidence of access to specialist and allied health care services to meet the diverse needs of residents such as psychology, speech and language, dietician, ophthalmology, dentistry, chiropody and occupational therapy.

Health care plans detailed specific health issues and related support requirements. Some of the residents had epilepsy and the inspector reviewed the file for one of these residents. The file contained records of reviews by medical specialists and a specific epilepsy response plan had been developed based upon the advice of medical specialists. 'Nurse health action plans' were used for all residents to focus upon specific health needs, for example, reducing the frequency and impact of urinary tract infections or for stoma care.

Nutritional eating and drinking plans were also in place for all residents and these considered all elements of nutritional care and dietary preference from the need for specialised diets, to individual preference to enjoy rich and spicy flavours.

All residents had their meals within the centre. Residents were supported in their choice of meal with the use a pictorial menu. Food was delivered from centralised kitchen and delivered to the campus by van in sealed heated containers. Residents were offered a choice of meal and staff assisted residents to make a choice, or used their knowledge of the residents' likes and dislikes to choose it for them. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Dinner was found to be a relaxing and sociable experience with staff providing support to residents as required in a sensitive and appropriate manner.

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:

Overall it was judged that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. All staff who administers medication were registered nurses who must follow Bord Altranais agus Cnáimhseachais na hÉireann safe medication practices.

The inspector found that each resident's medication was reviewed regularly by the medical team and records demonstrated reduction in medication levels in line with changing needs of residents. Staff were clear on what each medication had been prescribed for. Guidance was also available to all staff from a nurse manager at all times, as well as from an organisational pharmacist. All medication was appropriately stored and regularly audited. Unused or out of date medication was returned promptly to the pharmacist.

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:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations.

Information which requires to be included in the statement of purpose includes

- the specific care and support needs the centre intends to meet
- criteria used for admission (clarification re gender and use by adults)
- a summary of the fire precautions and associated emergency procedures in the designated centre (rather than just referring to a policy)
- a summary of the arrangements for dealing with complaints
- the arrangements made for dealing with reviews of a resident's individualised personal plan
- the arrangements made for consultation with, and participation of, residents in the

running of the centre.

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:

Not all components of this outcome were considered on this inspection. The permanent person in charge was not met with during the inspection as she was on maternity leave. In addition, the nominee provider was not interviewed as part of this monitoring event, and this will be addressed at future registration inspections of this or others centre for which she in the nominee provider. However, in the absence of the person in charge the provider had put a suitably qualified, skilled and experienced person with authority, accountability in place who was responsible for the provision of service. In addition, as the permanent person in charge was due to return from maternity leave in the coming days, a handover period of unspecified time was planned to assist in a smooth handover of responsibilities.

The provider has established a clear management structure and the roles of all managers and staff were clearly set out and understood. The structures included supports for the person in charge to assist her in delivering a good quality service. These supports included regular meetings with the provider and CNM3 linked with the centre. There had been a six monthly review of the quality and safety of the service carried out by the nominee provider.

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 provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults with disabilities. However, it was judged that there were not sufficient staff on duty to meet the assessed needs of residents at all times.

It was found at the time of inspection that staffing levels were not appropriate to meet the needs of residents at specific times. The inspector found that there were insufficient resources provided to meet the assessed needs of residents' at certain times of the day. For example, the person in charge stated that six staff were required during the day between the hours of 08:00hrs and 20:00hrs to meet the assessed needs of residents. However, for significant periods of the day this level of staffing was reduced to three staff. There were only three staff in the centre from 12:30hrs and 14:00hrs and again from 16:30hrs to 20:00hrs each day and there was no clear rationale available as to why numbers of staff reduce so dramatically other than to accommodate staff breaks.

Evidence provided under Outcome 5: Social Care needs demonstrates that residents were reliant upon staff for support in relation to social activity and stimulation on a daily basis. During the times highlighted, when three staff were on duty, residents could not be provided with these supports. There were 17 residents living within two separate bungalows comprising the designated centre. When three staff were on duty, this meant that one staff member was in one bungalow with two in the other. Many residents' personal care plans also document the need to have two staff to support personal care needs. When personal care was required during the five hours per day when three staff remain on duty, this meant that one staff member was left providing support to all other residents in two locations.

Five staff files were reviewed and were found to contain all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records were held both centrally within staff files as well as locally within the centre. Training records provided identified that all staff had completed mandatory training in the areas of fire safety, manual handling however, not all staff had received training in safeguarding of vulnerable adults as referenced under Outcome 8.

The inspector reviewed the proposed and actual rosters for the previous month and all staff were identified on the roster. The roster also clearly identified who was in charge at any given time.

Staff employed in the centre, observed and spoken to during the course of the inspection demonstrated an intimate knowledge of the residents they support. Residents were supported by two key working staff and the staff who were spoken to were familiar with the personal plans and goals set for their key clients.

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| Judgment: Non Compliant - Major |

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:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0003167 |
| Date of Inspection: | 01 October 2014 |
| Date of response: | 24 October 2014 |

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The needs that had been assessed as required were not being met for many of the residents.

Action Required:

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

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. All care plans to be reviewed and update by local team.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Residents plans were mainly task orientated and reviews do not consider how the impact on the lives of residents have or should have improved.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

2. Staff to receive training in person centred planning and development of SMART goals.

Proposed Timescale: 31/01/2015

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:

Restrictive practices in place were not clearly identified as being the least restrictive alternative, and the impact upon others living in the restricted environment was not adequately considered.

Action Required:

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

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

3. All restrictive practices in place will be reviewed in accordance with DOC Policy No. 053 Restrictive Practicing by MDT to identify least restrictive option possible.

Proposed Timescale: 31/01/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Not all staff had been provided with training in relation to the safeguarding and protection of vulnerable adults.

Action Required:

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

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

5. All staff will have completed training in relation to the safe guarding and protection of vulnerable adults.

Proposed Timescale: 31/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Not all information required in Schedule 1 of the regulations was included in the statement of purpose as listed under this outcome.

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:

6. Statement of purpose and function will be updated in accordance with schedule of the Health Act 2007 (Care and support of Residents in Designated Centres for Persons/Children and Adults with Disabilities) regulations 2013

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing number reduce significantly at certain hours of the day as set out within this outcome. There was evidence of negative outcomes for residents due to staff shortages.

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:

7. A working group will be set up to carry out a review of staffing and skill mix, paying particular attention to times when there is a reduction of staff numbers.

Proposed Timescale: 31/10/2014