

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0005048
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Bronagh Gibson
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 March 2015 09:30 To: 23 March 2015 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The purpose of this inspection was to inform a decision to register the centre.

The centre was a single storey detached bungalow in a north Dublin suburb. The statement of purpose and function stated that the centre intended to provide temporary residential care for five children with complex needs until essential building works were completed in the centre they currently resided in. One of these children had reached their 18th birthday just prior to the inspection and was in the process of transitioning to adult residential services.

As part of the inspection, inspectors met with the regional director who was the

provider nominee, the service manager, the head of unit who was the person in charge and a clinical nurse manager one (CNM1) who supported the head of unit to manage the centre. Inspectors walked around and observed the premises and reviewed policies, procedures and report templates that were developed for use in the centre. Inspectors also reviewed staff files and transitional plans for children identified as potential residents.

Inspectors found that the person in charge was suitably qualified and experienced to manage the centre. However, s/he was also person in charge of another centre and this meant that they would not be full-time as required by the regulations. The statement of purpose and function required amendment as it was based on specific children and not the general population the centre had the capacity to provide a service to. The statement of purpose and function did not adequately reflect the whole time equivalents allocated to the centre. Space in the centre was limited and presented potential fire risks and health and safety hazards that were not fully identified or assessed. Limited space also meant affected sleeping arrangements for some children and the provision of private visiting areas for families. The centre did not demonstrate sufficient consideration of the use of restrictive practices not related to behaviour that challenged, and there were inadequate systems in place to ensure agency staff were appropriately vetted.

Policies and procedures were mostly generic and applicable to all services provided by St. Michael's House. They were supplemented by local procedures to implement them in a centre specific way. Managers were unaware of policy related to whistle-blowing/protected disclosure policy and the child protection policy required updating.

Following this registration inspection, the service provider reconfigured their children's services. As a result, this designated centre was merged with another to become one designated centre for children with a disability, comprising two units.

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 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The rights and dignity of children were promoted through systems, procedures and guidelines for practice that acknowledged their diverse needs and their right to be consulted and participate in decisions about their care. However, limited space did not ensure each child would have a separate bedroom and that children and families could meet in private. Information on the complaints process needed to be clearly displayed in the centre. Independent advocacy for children required improvement.

Centre managers described an admission process to the centre that was focussed on children's individual needs and rights, and practice was supported by an assessment process. There was a transition period into the centre that provided an opportunity for staff to inform children about their rights whilst accessing the service. An information leaflet that included children's rights was in place for this purpose. This leaflet was reviewed by inspectors and was found to be accessible to children who required support communicating. The statement of purpose and function clearly stated that all children were to be dealt with respectfully and their right to choose and be involved in decision making processes was highlighted. Managers demonstrated a satisfactory knowledge of children's rights and their responsibility to uphold them. The head of unit told inspectors that independent advocacy services were in place for children placed in statutory care. It was anticipated that children availing of the service would have significant adults who would act as an advocate for them such as parents or host families that provided respite breaks to some children. However, inspectors were not provided with a plan on how the centre was to promote the use of independent advocacy services in the community.

There was a process in place to develop individual care plans and wellbeing plans for each child. Inspectors reviewed these templates and found that they promoted

children's rights through consultation during their development, particularly on their needs, preferences and choices. Children's families were to be included in this process. There was also a process in place to identify changing needs and wishes of children.

The centre promoted children's right to participate in their community and there was a well established culture within the management team that valued community participation. Activities such as clubs, social opportunities and outdoor activities were well researched and known to the centre managers and they had extensive experience of providing children's service in the local area.

On a walk around the centre, inspectors found that there were five bedrooms, one of which was intended to be a staff sleepover room and office. This meant that two children may share a bedroom, unless other arrangements were made in relation to the staff office. The managers interviewed said that they had identified two children who may share a room. These two children were in wheelchairs. They had grown up in care together and were long-term friends. One of these children's parents were happy for them to share a room but the parents of the other child were not available to express their views. These children were non-verbal, but their wish to share a room was well represented in reports about potentially moving to the centre. The CNM1 told inspectors that one child may be disrupted if the other took ill at night. Inspectors found that this arrangement did not ensure that each child had their own private space.

Space in the centre was limited and this meant that there was no dedicated area to facilitate visits being held in private. The head of unit told inspectors that children and families may bedrooms for private visits, or that visits would have to be arranged when some children were out of the centre and communal areas were available. Considering that two children may be sharing a room, this limited private space for these children further.

The centre had a policy on the provision of intimate care and inspectors found that this promoted practices that would ensure children's needs were met in a dignified and private way. There were two large bathrooms in the centre that could be accessed by children alone if they did not require assistance from staff but in the event that they did require support, this would be provided in line with their care plan and on a consent basis, where appropriate.

There was a complaints policy and process in place that required amendment and information on complaints was not clearly displayed in the centre. The centre had a policy on complaints and a procedure through which they would be recorded, reported, investigated and appealed. The aim of the centre was to resolve complaints in a timely way. There was a system in place to monitor and review complaints on a regular basis for the purpose of service improvements. The service manager acknowledged that the system of recording complaints may not ensure complaints dealt with by the head of unit were recorded at regional level. Inspectors were provided with a guide for residents that was in a format that was accessible to children and informed them on their right to complain and how to do so, but this information was not displayed in the centre.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The centre had systems and processes in place to support and assist children to communicate effectively. Inspectors were provided with the centre's communication policy. This was available in a format that was accessible to children. Inspectors found that the policy considered the age, ability and needs of children that may mean they require specific assistance and support to communicate at all times. It also included a staff guide on how the policy was to be implemented. A review of care plan and wellbeing plan templates, information for children and a walk around the centre showed that pictures were put to good use to help children get and give information and communicate with staff.

The head of unit and the CNM1 told inspectors that additional supports such as signing and speech and language specialist supports were available if required. This was reflected in the centre's policy and staff training records. The needs assessment and care planning processes for children were found to be designed in a way that would ensure staff could prepare and plan for communication requirements of individual children. Communication passports were to be put in place for each child. Inspectors reviewed transition plans for children potentially being admitted to the centre and found very good accounts of how children who were non-verbal communicated their wishes and views on their possible move to a new centre.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

The centre supported children to socialise, make friends and maintain personal relationships, but physical space in relation to visits required improvement.

The centre was designed in a way that promoted socialisation and provided opportunities for children to interact and play. There was a back garden that provided outdoor space for the children. There were communal living and dining areas and the head of unit said that all play equipment and toys would be brought to the centre once it was open for admissions. Community-based activities were central to the daily planning process in place in the centre. The head of unit told inspectors that the mix of children in the centre was planned and that they were already living together in another centre and friendships were well established.

Inspectors found that planning and decision-making processes for children was inclusive of parents and key people in children's lives. This supported children to maintain relationships whilst in the centre. The centre had a visitor's policy that promoted the maintenance of important friendships and family involvement. Although visits to the centre were encouraged, inspectors found that this was not fully supported by physical space. On a walk around the building, inspectors found that there was no designated area for visits to take place in private, and in an area that minimised disruption to other residents. The head of unit and the service manager said that visits could be conducted in children's bedrooms. This arrangement did not fully meet the requirements in relation to visits under the regulations.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The criteria for admission to the service generally, were set out in the organisational policy and procedures for admissions and discharges but were not clear in relation to the centre. Organisational policies and procedures established criteria for admission to all children's services provided by the organisation. They showed that referrals could come from several sources but that all care was to be delivered in line with service level

agreements established with the Health Service Executive. Once a referral was made, the needs of the child would be assessed so that their care could be planned. However, the statement of purpose and function did not clearly state the criteria for admission to this specific centre.

Inspectors were provided with standard care agreements in use by the centre. These agreements were found to outline the provision of services that included the support, care and welfare of each resident. Although they met the requirements of the regulations, they could be improved by clearly informing the child and their carers of key practices in the centre, such as the use of physical restraint and the notification of any concerns about the child's welfare or protection to relevant agencies.

Judgment:

Non Compliant - Minor

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:

Planning for children will be based on assessments of need which have the capacity to support children to reach their potential and have new experiences that may enhance their lives.

There was a suite of policies, procedures and processes in place to determine the wellbeing and welfare needs of future residents. A process was in place to assess children's individual needs on admission. Inspectors found that assessing need was a consultative process and specialist assessments and reports were considered in the assessment of and planning for meeting children's individual needs. Children and parents were to be consulted as part of the planning process and there was a drive to ensure children's views were captured and facilitated where possible. Care planning was presented by managers as a positive process to build on children's experiences and support them to reach their full potential.

Individual care plans were developed for use in the centre and these were accompanied

by an organisational guidance for staff on the planning process. There was an in-built review process that would ensure on-going needs were met. Inspectors reviewed care plan and other planning templates in use by the centre that included intimate care plans, wellbeing plans, diet plans and educational plans. Their use would inform the objectives of the placement and would ensure that individual wishes, choices and preferences would be communicated to the staff team. These plans also took into account individual children's social, health, educational and communication needs. Personal plans were available in a child-friendly format.

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 centre was suitably designed to meet the needs of children with a disability. However, the centre did not provide adequate accommodation for the number of children it intended to cater for. It was a single storey semi-detached premises that inspectors found to be of an adequate standard. Inspectors walked around the centre and observed that it was accessible and well decorated. Rooms had natural light and there were adequate heating and ventilation systems in place. The house was not fitted with beds or furniture as this was to be brought with the children on admission. However, the centre was homely and well decorated. There were five bedrooms in total in the centre, one of which was proposed as a staff sleepover room and office. This meant that two children would have to share a bedroom. The head of unit said that an alternative plan was in place whereby all five children would be allocated a bedroom, but inspectors were not satisfied that this left suitable secure space for a staff office and the storage of medication and case files.

The centre had good play and recreational facilities and dedicated communal areas for eating and socialising. Outside areas were wheelchair accessible. There was a large shed in the back garden that was equipped with a washing machine and dryer. There was an adequate kitchen and dining area that was accessible to the children and a newly fitted kitchen. There was a colour-coded system in place in relation to food hygiene and safe cleaning practices. Bedrooms varied in size and some appeared small. However, the head of unit said that their health and safety representative had measured the floor

space and were satisfied that they were large enough to hold children's belongings and where applicable, their wheelchairs. There were two main bathrooms that were spacious with newly tiled walls and appropriate floor surfaces. It was expected that all required bathroom equipment would be brought to the centre once it began taking admissions.

On a walk around the exterior of the centre, inspectors found that the surface of the driveway was uneven with loose chippings. In addition, there were no garden gates on the property and this may not be safe considering the risk to children from local traffic.

Judgment:

Non Compliant - Moderate

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 health and safety of children, visitors and staff was promoted but required improvement.

The centre had a number of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. This included a policy on risk management but this required improvement. Inspectors were provided with a copy of the risk management policy and found that although it met the majority of the elements required by the regulations, it did not include measures and actions in place to control aggression and violence. It covered the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Inspectors were provided with an up-to-date health and safety statement and found that although it was site-specific it did not reflect all elements of the overarching organisational health and safety statement.

There were procedures in place to assess, notify and analyse risk in the centre. The service manager and head of unit told inspectors there was a health and safety manager and inspectors found that there was a process in place to carry out regular audits and report monthly to senior managers on identified risks. Centre records showed that there was a robust workplace risk assessment process in place. This included assessing risks related to fire, slips trips and falls, near misses, medication management, security, chemicals and absconding. Inspectors were provided with a health and safety checklist. Risk assessments reviewed by inspectors showed that a health and safety check was carried out prior to inspection, but not all risks were identified or adequately assessed. For example, there was insufficient consideration of risks associated with the surface of

the front driveway, the lack of front garden gates, bedroom sizes and storage of wheelchairs at night, two children sharing a bedroom, an unlocked external side gate and a lack of window restrictors. Inspectors found that relevant phone numbers were available to assist staff in times of an emergency. There were organisational, regional and local risk registers in place and sound reporting systems were in place to ensure risks were placed appropriately on risk registers.

There were adequate precautions in place in relation to infection control. There was a suite of organisational policies on infection control that included precautions to be taken in relation to food safety, waste management, managing MRSA and responding to body spills. The service manager and head of unit confirmed that there were pest control and clinical waste contracts in place. Inspectors found that the centre was clean and counter surfaces were of a good standard. There were an adequate number of bathrooms and washing facilities. Alcohol gel was distributed throughout the centre and was within easy access of all potential residents. Inspectors found that bins placed around the centre were foot-operated pedal bins. The head of unit said that there no requirement for a separate fridge for staff food, as all food was prepared on the premises.

The centre took precautions against fire but they required improvement. Inspectors found that the centre had fire fighting equipment and a check of this equipment showed that it was last serviced in March 2015. There was signage in relation to fire procedures but this needed to be displayed more prominently. There were procedures in place in the event of an evacuation and although there was an identified place of safety outside of the centre this was not signposted and was not indicated in all signage inside the premises. Centre records showed that there was a system in place to carry out fire drills and evacuations. Records indicated that the last planned evacuation of the centre was in March 2015 and potential residents were included in this. However, the names of children and staff who participated were not recorded. There was a system in place to carry out and record daily checks of fire equipment and emergency lighting. Inspectors requested fire retardant certificates for bed clothes and furnishings from the service manager but these were not available at the time of the inspection. The service manager said that the curtains currently in place were due to be re-sprayed so as to be fully fire retardant and that fire retardant bed-clothing was in the process of being bought. Certificates would be available after these purchases.

On a walk around the centre, inspectors found that fire doors were in place but were kept open. There were no closing mechanisms on these doors and there was no system in place that ensured open doors closed automatically once the fire alarm sounded. The head of unit said that these doors were kept open and that the closing mechanisms had been removed to minimise the risk of children's fingers getting caught. However, this meant that fire doors would not be effective in the event of a fire. There were external doors that acted as fire exits and they were locked with keys. However, keys were not located at every exit to ensure safe evacuation. The centre had completed a fire risk assessment. However, inspectors found that there was insufficient consideration and assessment of potential fire risks such as limited space in children's bedrooms where wheelchairs would be stored at night and the possibility that the front door may be placed on a latch that was not accessible to all children.

The centre had two busses for transporting residents. These were not available to view

by inspectors on the day of inspection. The service manager reported that centre transport was insured and well maintained.

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):

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

Findings:

There were measures in place to safeguard children and protect them from abuse, but the organisational policy on child protection required updating and there was a need for education for staff related to protected disclosure. Staff had received training in relation to the organisational child protection policy.

There was an organisational policy and procedure related to protecting children and vulnerable adults from abuse but it required updating. Inspectors reviewed the child protection policy and procedures and found that it was not updated to reflect Children First (2011). It referred to statutory duties of the Health Service Executive in relation to managing child protection and welfare concerns that are currently under the remit of the Child and Family Agency. The service manager and head of unit reported that all staff were trained in these policies and procedures. Through interview, inspectors were satisfied that managers were knowledgeable about managing child protection concerns and what constituted abuse. They were aware of the role of the designated liaison person under Children First (2011) and who this person(s) was within their organisation. However, inspectors found that they did not demonstrate adequate knowledge in relation to protected disclosure (whistle-blowing) that is included in their organisational policy.

There was a procedure in place to hold children's money safely during their stay. There was an organisational policy related to holding children's monies. The head of unit described the process for managing children's pocket money and payments they received if they were over 16 years of age. This was found to be a safe process that ensured children in receipt of a disability allowance had their own private bank account. There was a system in place to ensure there was accountability for any spending of

children's monies when they did not have the capacity to access their account privately.

The centre had a policy on positive behaviour support that guided practice in relation to managing behaviour that challenged. This was found to be adequate. Records showed that staff were trained in a model of behaviour management and the head of unit was a trainer in this model. Managers interviewed said they were confident in the use of this model and they told inspectors that a support system was in place for children and staff from a behaviour support therapist and a multi-disciplinary team. There was a comprehensive behaviour support plan template developed for use in the centre. The admissions policy for the centre said that each child would be assessed prior to admission to determine their levels of behaviour and inspectors found that there was an assessment process for this.

The organisational policy on positive behaviour support provided guidance on permitted and prohibited restrictive practices. Inspectors reviewed this policy and found that it did not provide sufficient guidance on restrictive practice that was not related to behaviour that challenged. This was acknowledged by the head of unit. Managers interviewed described restrictions that may be imposed on children during their stay in the centre. These included for example locking external doors with keys, use of bed rails and use of holding straps while children were being transported. The head of unit said that use of bedrails and straps would be risk assessed and in line with each child's need to be kept safe. However, inspectors did not find evidence that locked external doors had been sufficiently considered as a restrictive measure in an open centre and that practice should be based on imminent risk and for the shortest time possible.

Judgment:

Non Compliant - Minor

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

There were adequate systems in place to report incidents, accidents and notifiable events to the Authority. The centre had adequate policies and procedures in place for recording and reporting incidents that may occur in the centre. Inspectors reviewed recording and notification systems in place. They were found to include notification to the Chief Inspector under the regulations. Managers interviewed demonstrated a good knowledge of their responsibilities in relation to recording and reporting such incidents.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The centre promoted the rights of children to be supported to receive an adequate education and/or training and experience everyday life in a manner similar to their peers. The centre had policies and proposed practices promoted the general welfare of future residents. Inspectors were provided with a policy on supporting children to achieve educational goals. Managers told inspectors that the centre would ensure their attendance at any educational or training programmes children were already engaged with. A CNM1 was appointed as liaison person with the organisation's school and formal meetings were held once each term. The CNM1 told inspectors that the purpose of these meetings was to ensure continuity of care and congruence in practice related to children.

The centre's statement of purpose and function clearly stated that one objective of the service was to provide opportunities for children to try new things and to promote socialisation and utilise community settings for this purpose. Managers told inspectors that significant preparation was underway to support children to continue gaining new experiences in their everyday lives and to expand their integration into the local community.

The social development of future residents was considered by the centre and planned for. Inspectors found that there was a process in place to plan daily activities and ensure children were engaged in local groups and this would provide opportunities for personal and social development.

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 centre had systems in place to identify and plan for children's healthcare needs.

The service manager told inspectors that the children referred to the service would be children known to the HSE. Processes in place ensured their healthcare needs were assessed prior to admission. The centre had processes in place to carry out their own assessment and record the healthcare needs of children who may access the service, including their healthcare needs such as medical conditions that required medical treatment. Needs identified by both the Health Service Executive and the centre would inform the care plan for each child to ensure children would enjoy the best possible health on an individual basis. The statement of purpose stated that medical care was provided by trained nurses and it provided a G.P. service. Children could also attend their own G.P. in the community if they preferred.

The nutritional needs of children were considered in their well being plan and any assistance they required to eat meals was to be planned for. The centre had a policy on assistive feeding. The head of unit told inspectors that children would be consulted about their preferred foods when menu plans were being developed. There were picture cards developed to assist non-verbal children in this regard.

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:

There were systems and processes in place to manage medication.

There was a suite of comprehensive policies and procedures on medication management and centre-specific procedures for their implementation. Inspectors reviewed an

organisational policy on the management of medication and centre-specific procedures for prescribing, administering, recording and safe storage of medication. These were found to meet the regulations. There was a suite of recording sheets to be used by staff on administering medication. They were found to be sufficient. The majority of staff in the centre were trained and qualified nurses. Social care staff were being recruited at the time of the inspection and safe medication management training was to be provided to them once they were in place. There was no medication being stored in the centre at the inspection and practice in this regard will be assessed by the Authority within the monitoring process.

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:

The centre had a written statement of purpose and function that required improvement.

Inspectors reviewed the centre's statement of purpose and function. It contained some the majority of the requirements under the regulations such as a description of the facilities it provided, the aims and objectives of the service and the ethos of the centre.

The statement outlined that the centre could provide residential care for up to five children with a disability up to their 18th birthday. However, although the statement referred to admission criteria for the whole service, criteria for admission to the centre itself was not clear. Inspectors found that the statement of purpose reflected the needs of residents identified for possible admission and was not confined to the service being provided generally by the centre. The statement of purpose stated that the centre may admit children on an emergency basis. However, inspectors were told by the head of unit that this was not the case. The centre proposed providing residential care for five children. However, although there were five bedrooms, there was limited space to ensure each child had their own bedroom and staff had a locked office space for safe storage of case records and medication and a sleepover room. The statement of purpose and function stated that there was a person in charge and described the number and grade of staff that would deliver the service. However, through interview with the service manager and the head of unit, inspectors found that the person in charge and the staff team were to be divided across two designated centres. This was

not reflected in the statement of purpose and function.

Judgment:

Non Compliant - Moderate

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 system in place to manage the service and this included quality assurance of practice and monitoring of the effectiveness of the service. However, the person in charge was not full-time as required by the regulations.

The centre was managed by a head of unit who was the person in charge. The head of unit reported to a service manager who reported to a regional director. The regional director was the provider nominee. The management structure was clear and managers interviewed demonstrated a good knowledge about their individual roles and responsibilities within this structure.

The head of unit was suitably qualified to run the centre. S/he had extensive experience in delivering and managing services for children with a disability. The person in charge was also person in charge of another designated centre for children within the organisation. This was a short-term measure. The organisation was in the process of closing one designated centre so essential works could be carried out. In the interim, children and staff were to be located across two new centres, one of which was the subject of this inspection. Both centres were to be managed by the same person in charge for a four to six week period after which building works would be completed and children could return to their original centre. Inspectors acknowledge the short-term nature of this arrangement, and found that it was not sustainable on a long-term basis.

Inspectors found that there were some infrastructures in place to support and facilitate the management of the centre. The regional director, service manager and head of unit described the lines of accountability in place and systems to monitor the performance of the centre as a whole. There were systems in place to ensure individual staff practice was managed in a safe and effective way. There were reporting systems in place to

external managers on key performance indicators that met the terms of the service level agreement with the HSE. There was a system in place to carry out audits including health and safety, fire safety, quality care planning and centre records. There was a local policy and procedure in place to supervise staff and manage individual staff performance. The head of unit told inspectors that their role was to ensure policy and procedures were fully implemented and that they were directly held to account by the systems in place. S/he said this would be achieved through supervision, implementation of the staff code of conduct, regular staff meetings and checks of daily reports written by staff. There was a monthly reporting system in place to monitor outcomes for children.

The service manager confirmed to inspectors that key performance indicators were reported to them on a monthly basis and that there was another service manager who had the role of assessing compliance with regulations and standards. There was also a regional director who had managerial oversight of the centre's performance and the service manager reported directly to them. Collectively, these managers had a monitoring function of services within the organisation generally. The service manager was clear that the day to day running of the centre was the responsibility of the head of unit. The service manager managed the budget for the centre and there were clear systems of reporting on expenditures. The regional director told inspectors that the service level agreement with the HSE had yet to be completed for 2015. This was awaited.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were arrangements in place to cover for the head of unit, who was the person in charge, in times of proposed absence from the designated centre. Centre managers told inspectors that the CNM1 was to cover for the head of unit in times of absence. Covering long-term absence was the responsibility of the service manager.

Judgment:

Compliant

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<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.</p> <p>Findings: This inspection found that adequate resources were available to meet the needs of the children the centre intended to cater for. Inspectors found that the centre intended to provide a service to children with complex needs. This was outlined in the centre’s statement of purpose and function. The head of unit and the service manager said that resources for each child were determined on an individual needs basis. They were satisfied that suitable arrangements were in place to ensure resources, such as equipment, were provided to children either by the centre or the HSE. The service manager told inspectors that if for example, additional staffing was required, this would be provided by the organisation.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.</p> <p>Findings: The number of staff required to provide the service was unclear. The centre was in the process of ensuring the mix of the staff team ensured children’s medical and social needs were met.</p> <p>The statement of purpose and function showed that the whole time equivalents for the</p>

centre was one CNM2 who was the head of unit, one CNM1 who supported the CNM2, eight nursing staff, four care assistants and one household staff. The service manager told inspectors that there were two vacant care assistant posts that were converted into social care work posts. Two social care workers were recruited and a start date was imminent. Inspectors found that based on this information there was a sufficient number of staff with a satisfactory skill mix to provide the service. There was careful consideration of the need to balance the team in terms of meeting children's social and medical needs. There was a staff roster in place and on review, inspectors found that it demonstrated how the centre would be staffed on a 24 hour basis. The head of unit and the CNM1 told inspectors that there would be waking and sleepover staff once the centre was open and operating. There was an alternative roster developed that showed all waking night staff if this was required. This showed flexibility within the staff team to meet the needs of children. However, inspectors found that staffing levels outlined in the statement of purpose and function were not accurate. The service manager and head of unit told inspectors that the staff team was to operate across two children's centres. They acknowledged that the statement of purpose and function was incorrect and that the actual whole time equivalents for the centre number needed to be determined.

The centre had an adequate training plan in place. The service manager told inspectors that there was a training budget for the service. Training records were provided to inspectors and showed that core training was provided by the organisation as it was required. There was a training plan for 2015 and this showed that training planned for staff included managing behaviour, sign language, medication administration, hand hygiene, child protection and risk assessments.

There was no organisational policy on staff supervision and staff performance but this being developed. The head of unit had developed a local policy and procedure development and records showed that this was being implemented.

There was an organisational recruitment policy and procedure in place. Inspectors reviewed a sample of staff files and found that the required checks were made and vetting was appropriate for staff employed directly by the service. Staff files were found to be in accordance with Schedule 2 of the regulations. There was a policy on use of volunteers for the organisation. However, the service used agency staff from two different agencies from time to time. The service manager told inspectors that although the agencies involved said they vetted their staff appropriately, there was no system in place within the organisation to ensure this was the case.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to

residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The centre had recording systems and templates in place regarding children who may be admitted in the future. These were reviewed by inspectors and found to be in accordance with Schedule 3 of the regulations. The centre was not open to admissions at the time of the inspection and therefore, no completed records on children were maintained by the centre at that time.

Inspectors found that the centre had a comprehensive suite of operational policies in place. The majority were not centre specific, but local procedures were put in place to implement them. Some policies required amendment. The regional director said that there was a system in place to amend policies and recommendations could be made by centre managers to an executive committee for consideration. Inspectors found that policies had been amended, particularly following inspections of other centres provided by the organisation. The service manager said that although the majority of policies were generic, centre managers had the capacity to develop local procedures to implement them effectively and local procedures were provided to inspectors during the inspection fieldwork.

Inspectors found that the centre kept other records in accordance with Schedule 4 of the regulations. As the centre had yet to open for admissions, completed records relating for example to admissions, were not available for review by inspectors, but satisfactory recording mechanisms and systems were in place for these.

Inspectors found that the centre was adequately insured against injury to residents. The service manager confirmed that resident's belongings were insured, and that lost or broken items would be replaced by the organisation.

Judgment:

Compliant

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:

Bronagh Gibson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0005048
Date of Inspection:	23 March 2015
Date of response:	20 May 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no plan in place on how the centre was to promote the use of independent advocacy services in the community.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

There is a system in place to provide residents with information on independent advocacy services.

Children's rights are now a standing item on the agenda at staff meetings.

The PIC has a system in place to ensure referrals are made to National Advocacy Services in relation to all residents.

Proposed Timescale: 20/05/2015

Theme: Individualised Supports and Care

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

Limited space meant that some children may have to share a bedroom and this may impinge on their right to a personal, private space.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Every child admitted to the centre will be allocated their own bedroom.

Proposed Timescale: 20/05/2015

Theme: Individualised Supports and Care

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

A copy of the complaints procedure was not prominently displayed in the centre.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

A copy of the complaints procedure is now displayed in the hallway of the centre.

Proposed Timescale: 20/05/2015

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Limited space meant that the centre could not provide a dedicated private area for visits other than resident's bedrooms.

Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

Suitable private areas will be provided for the purpose of visits through best use of daily activity plans and use of available living areas inside and outside the centre.

Proposed Timescale: 20/05/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Care agreements did not adequately inform residents of child protection and welfare procedures and the use of restrictive practices.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The contract of care has been amended to include information on child protection and welfare procedures and the use of restrictive practices.

Proposed Timescale: 25/03/2015

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 centre did not have the space to provide each child with a bedroom and ensure

there was a staff sleepover room/ office space where medication and or case files could be safely stored.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed 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 PIC has reconsidered the use of space within the house.

Every child admitted to the centre will be allocated their own bedroom.

Non necessary files will be securely stored off site.

A workstation will provide adequate office space for daily records and working case files. This will be kept locked to protect private information. A local risk assessment will be carried out to ensure staff vigilance in relation to protection of files.

A secure double locked press to store medicines only will be provided in the kitchen. Storage of keys will be guided by local risk assessment. Staff will follow organisational policy in relation to safe storage of medication.

Proposed Timescale: 10/06/2015

Theme: Effective Services

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

The surface of the front driveway was uneven and had loose chippings.

There were no front gates to the property and this did not protect children from local traffic.

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 surface of the driveway has been risk assessed and controls have been put in place, these include

- 1) ensuring the surface is kept clear of loose chippings.
- 2) ensuring children are always accompanied by a designated adult going in and out of the centre.

The lack of front gates has been risk assessed. It was found that fitting gates would present greater risk to the children as it would impair their access to the wheelchair

ramp leading into the centre. Controls have been put in place to ensure children do not exit the centre unaccompanied by staff or a designated adult in order to protect them from local traffic.

Proposed Timescale: 01/05/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

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 centre specific policy includes measures and actions to control aggression and violence. This is now included in the Risk Management Policy for the centre.

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

Not all risks in the centre were identified or adequately assessed.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A comprehensive risk assessment of the centre has been carried out and recommendations have been implemented.

A monitoring system for ongoing review of risk is in place.

Proposed Timescale: 19/04/2015

Theme: Effective Services

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

The centre did not record the names of children and staff who took part in evacuations and fire drills.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

There is now a system in place to record the names of children and staff who take part in evacuations.

The PIC will ensure staff are informed of this change in recording system at the next planned staff meeting.

Proposed Timescale: 12/05/2015

Theme: Effective Services

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

Fire doors were kept open and did not close automatically if the fire alarm was activated.

Risk assessments in relation to fire hazards were not adequate.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Automatic closing systems in the kitchen and sitting room have now been fitted in the centre.

Fire doors will not be held open in the centre.

A comprehensive risk assessment and fire evacuation plan has been completed. This will be discussed with all staff at the next staff meeting on 12/5/2015

Proposed Timescale: 12/05/2105

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was limited guidance for staff on restrictive measures not related to behaviour that challenged.

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:

Clinical guidelines are now in place to provide staff guidance on the use of restrictive measures not related to behaviours that challenge.

These are review annually or more often if needed.

All restrictive practices are approved and reviewed by the Positive Approaches Monitoring Group

Restrictive practices will be a fixed item on the agenda for staff meetings.

Proposed Timescale: 20/05/2015

Theme: Safe Services

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

There was a need to educate staff on policy related to protected disclosure/whistleblowing.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

All staff now have access to the policy relating to protected disclosures/whistleblowing. A copy of the information will also be displayed in a prominent place in the hallway of the house.

Protected disclosure and whistleblowing was discussed at a staff meeting on 12/4/2015. Minutes of the staff meeting are available for review.

Proposed Timescale: 18/05/2015

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 and function did not clearly outline to criteria for admission to the centre.

The statement of purpose and function was based on specific children and not the general population it had the capacity to provide a service to.

The statement of purpose and function stated the centre could take emergency admissions but this was not the case.

The statement of purpose and function did not adequately reflect staffing required to deliver the centre, including a full-time person in charge.

The centre did not have the capacity to provide a service to the number of children outlined in the statement of purpose and function.

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:

The statement of purpose and function has been amended to reflect the reconfiguration of the service. This designated centre will now comprise of two units. The Statement of Purpose has been changed to include:

- The criteria for admissions to the centre
- The range of need and number of residents the centre has capacity to provide for
- The type of placement the centre will provide
- Staffing required for meeting the needs of the residents
- A full time person in charge.
- Every child admitted to the centre will be allocated its own bedroom.

Proposed Timescale: 13/05/2105

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was not full-time and this was not a suitable long-term arrangement.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person

in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Change to the reconfiguration of the centre has resulted in the Person in Charge being full time.

Proposed Timescale: 13/05/2105

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff required to deliver the service was not clearly identified by centre managers.

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:

The number of staff required to deliver the service has been identified. This is reflected in the revised statement of purpose and function.

Proposed Timescale: 13/05/2015

Theme: Responsive Workforce

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

The person in charge did not have systems in place to ensure agency staff were appropriately vetted.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Agency have agreed that the Person in Charge will, by appointment, view the files of staff who work on a regular basis in the centre.

Proposed Timescale: 17/06/2015

