

**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 Brothers of Charity Services Roscommon
Centre ID:	OSV-0004466
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	3

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: 03 February 2015 13:00 To: 03 February 2015 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 service carried out by the Health Information and Quality Authority. It was an announced one-day monitoring inspection.

As part of the inspection, the inspector met with residents, staff members, the Provider Nominee and the Quality Enhancement Manager. Care practices and documentation such as personal plans, risk management documentation, medical records, as well as policies and procedures were reviewed during the inspection.

The findings of this inspection found that there were non compliances in areas such as; staffing, allocation of resources, premises issues, medication management practices, and staff training. Following the inspection, the action plan submitted by the provider was rejected on two occasions. The final action plan response on managing the staffing shortages in this centre was found to be unacceptable as the response does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish the action plan response in relation to staffing and is considering further regulatory action in relation to this issue.

This service is one of the seventeen residential services run by the Brothers of

Charity Services, in County Roscommon. The organisation had a board of management and the Director of Services for Roscommon is the Provider Nominee for this service. The person in charge (PIC) was not present during the inspection. However, he was responsible for the management of nine residential houses and six-day care facilities. The findings of this inspection indicate that the responsibilities of the person in charge were too broad to ensure good oversight of this centre. In addition, there was no deputy manager to support the person in charge in his role. Therefore the governance and management of this centre required review to ensure that the post holder could carry out their role in accordance with regulatory requirements and to engage actively in the governance of the centre.

There were two groups of individuals receiving a respite service from this centre. Group one, consisted of four to six individuals and they received two nights respite every week and one weekend a month. The other group consisted of four females and they received one weekends respite a month. There were also two individuals that used the house during the week as a base and they both had jobs working in the community.

This centre comprised of one modern detached house which accommodates up to six adults with an intellectual disability. There were up to four females and two males living in the centre three days a week and two weekends once a month. The house was situated in Castlerea, which was conveniently located for access to shops and services, however; due to some residents mobility issues they required the use of a car. Although the house was attractively furnished, it was small and lacked personal and communal space for residents. There was only one sittingroom, kitchen/dining room, toilet, bathroom and three twin bedrooms shared with up to six residents in this centre.

Some residents attended day services run by the service and other agencies during the week. Residents and staff knew each other well and residents were relaxed with staff. The inspector observed some good practice in areas of the service. For example; staff supported residents to make decisions regarding their preferred daily routine, aspirations and life choices, and residents were supported to pursue their goals. However, this was limited due to inadequate staffing. Residents participated in the development of their personal plans, and there was evidence of regular reviews in the files available to inspector.

The findings of the inspection are discussed in the body of the report and non compliances are identified in the action plan at the end of the report.

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for managing complaints in this centre, however, they were not adequately managed. One resident had previously made a complaint that they could only receive their respite services in this house, despite already receiving a residential service five days a week in another community house. The resident had found this changing accommodation for their weekend respite disruptive and very unsettling. This complaint was not yet resolved.

Another resident received respite during the week in this centre, however, they had chosen to move respite houses for their weekend respite, as they were not happy sharing a bedroom with another resident at the weekend. Although advocacy services were available they were not utilised by residents in this centre.

Judgment:

Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Residents had a written personal plan which detailed their individual needs and choices. Assessments had been carried out in a number of areas, which were used to assist residents in identifying goals. The arrangements to meet each resident's assessed needs were set out in a personal plan that reflects his /her needs, interests and capacities.

Circle of support meetings regularly took place to review resident's personal plans. The minutes of the meeting and actions agreed were recorded in residents' personal files. Although many of the residents personal goals were being achieved in a collaborative way with the involvement of family, staff and key personal contacts, improvement were required in achieving residents' social goals. For example; one resident's goal to participating in horse riding had not been regularly achieved to due to staffing issues. This is actioned under outcome 17.

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):
No actions were required from the previous inspection.

Findings:
The house was a modern bungalow situated in Castlerea town. It had four bedrooms; one staff bedroom/office and three twin bedrooms that were shared between residents. There was one sitting room; kitchen/dining room and bathroom. and single toilet shared with up to six residents and one staff member. This impacted on the resident's rights to have privacy and dignity. Two residents had requested that they receive their respite in another house as they did not want to share bedrooms. In addition; as there was only one bathroom, all the residents and staff members had to share this bathroom. This impacted on residents' privacy and dignity.

There was a regular maintenance completed in the house and the inspectors found evidence of this during the inspection. For example; a new toilet was fitted, a new shower was installed, new medication press was installed and previously leaking taps were fixed.

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:

There were policies and procedures available relating to health and safety including an up-to-date health and safety statement and a risk management policy. The risk management policy named the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents and the full procedures were documented in the safety statement. However, these issues need to be clarified in more detail in the risk management policy.

Inspectors reviewed the centres accident and incident log and were satisfied that risks were appropriately identified. However, there was an incident that had occurred to one resident while in respite care in this centre. However, there was no documentation kept in the centre relating to this resident and the inspector could not view any evidence that arrangements were in place for investigating and learning from serious incidents/adverse events involving residents.

There were adequate precautions in place against the risk of fire. All staff had completed fire safety training and demonstrated knowledge of what to do in the event of a fire. Suitable fire equipment was provided. There were adequate means of escape and fire exits were all observed to be unobstructed. There is a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. There were key boxes recently installed to ensure safe egress from the house in the event of a fire.

The fire register was reviewed and inspectors saw that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at six monthly intervals and records of fire drills, fire alarm tests and fire fighting equipment were maintained in the centres fire log. There was an emergency plan available, and suitable arrangements were in place for responding to emergencies.

Each resident had their own Personal Evacuation Plan (PEEP) which was kept in their personal plan.

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 was no allegation of abuse reported to the Authority regarding this centre. Procedures were in place to protect residents being harmed or suffering abuse. Staff members were observed treating residents with respect and warmth and residents told inspectors they felt very safe in the centre.

There was a policy available on the prevention, detection and response to abuse and staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Including to whom they should report any incidents. The senior social worker was listed as the designated person in the centres policy, and staff members were aware of her role. One staff member had completed Trust in Care training, however; there was no evidence that all staff working in this house had up to date training in protection in protection of vulnerable adults.

Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. Inspectors reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers which caused the behaviour. Inspectors saw that multi-disciplinary input was sought when planning interventions for residents.

Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. A restraint-free environment is promoted and there were no physical or chemical restraints in use at the time of inspection.

Judgment:
Substantially 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 residents living in this centre lived at home with their families and were only admitted to this centre a number of nights during the month. Therefore, staff only attended to urgent medical issues when the residents were in respite in this centre. Residents attended most of their medical appointments with support from their day services, and there was no or limited individual records relating to the residents attending medical appointments maintained in this respite centre. Two residents in particular live five days a week in another residential centre also managed by the person in charge and all of their documentation is kept in their residential centre.

Residents were actively encouraged and enabled to take responsibility for their health and medical needs. For example; one resident was coeliac, and they were aware of their condition and the importance of eating gluten free foods.

Food is nutritious, appetizing, varied and available in sufficient quantities. It is available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. Residents were supported to prepare their own meals as appropriate to their ability and preference. The advice of dieticians and other specialists were implemented in accordance with each resident's personal plan. For example, the resident that was coeliac had their own food press and cooking utensils

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:

The centre had written policies and procedures for medication management in place. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans.

The processes in place for the handling of medicines in accordance with current guidelines, and legislation. There are appropriate procedures for the handling and disposal for unused and out of date medicines. However, on review, of the documentation, the inspector found that there were seven minor medication errors recorded in this centre. Although the errors were recorded there was no evidence of medication audits or corrective action being implemented following these clerical errors; to ensure safe medication practices.

Judgment:

Non Compliant - Moderate

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 statement of purpose did not adequately describe all of the activities that were ongoing in this centre. For example; two residents used the centre as bases during the week and some MDT meetings were held in the house. This was not detailed in the Statement of Purpose. The Statement of Purpose failed to identify the number of bedrooms in the centre and that residents were sharing bedrooms.

Judgment:

Substantially Compliant

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:

The management structure of this centre consisted of a Director of Services and a Person in Charge. The person in charge was engaged in the governance, operational management and administration of the centre, but not on a regular and consistent basis. There was no person participating in the management (PPIM) of this centre to support the Person in Charge in the management of this centre. The inspector found that there was not regular oversight by the manager of the day to day management in this centre. There was no evidence that staff had regular face to face meetings with the person in charge, and there were not adequate locum staff available to cover staff absences. In addition; there were not appropriate arrangements in place for the management of the designated centre in the absence of the person in charge. For example; A staff member told inspectors that she had recently rang in sick, but was told to find staff replacements herself as there was no manager on duty to arrange cover.

The inspector found that most communication between the manager and the staff working in the centres in Castlereagh were usually sent via texts or emails. However, this house did not have a computer or access to emails, and this was negatively impacting on communication between management and staff.

The quality of care and experience of the residents were not adequately monitored and developed on an on-going basis, and effective management systems were not in place to support and promote the delivery of safe, quality care services. There was no annual review of the quality and safety of care in the designated centre by the provider nominee.

Judgment:

Non Compliant - Moderate

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:

There were not appropriate staff numbers to meet the needs of residents and the safe delivery of services. For example; there was only one staff available to care for up to six residents in this house. In addition; one resident was presenting with significant symptoms of dementia and required constant supervision when out in the community. Also, there was not enough staff support to ensure that resident's social activities were adequately implemented; such as fulfilling one resident's wish to go horse riding. This resident's personal goal had not been achieved due to inadequate staffing in this centre.

Staff had completed some mandatory training. However, there was no evidence that all staff members working in this house had training in adult protection, safe food hygiene, first aid, and manual handling. All staff are recruited, selected and vetted in accordance with the organisations recruitment policies and procedures.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**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 Brothers of Charity Services Roscommon
Centre ID:	OSV-0004466
Date of Inspection:	03 February 2015
Date of response:	15 June 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:

Resident's complaints were not investigated, or resolved in a timely manner.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are

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

investigated promptly.

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

A complete review of the complaints system – policy and procedures has taken place. A new complaints and concerns log book has been devised in line with the funding organisations reporting system and our own complaints policy and this has been rolled out to all houses.

The registered provider has also designed a new quarterly report based on the complaints log that all persons in charge will be sending to her each quarter. A new complaints leaflet and form has also been developed. The easy read complaints procedure is displayed on all notice boards for people supported. The review of complaints is a standing agenda item on all team meetings.

Proposed Timescale: 24/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was only one shower for up to six residents. All residents and staff had to share this bathroom.

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:

An alternative house with more bathrooms is being looked at for this respite centre.

Proposed Timescale: 30/06/2015

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 identification, recording, investigation and learning from serious incidents, need to be clarified in more detail in the risk management policy.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The national risk management policy is currently under review and local procedures are being updated. Risk management workshops will also be rolled out to all staff. Reviews of all risk assessments are taking place.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There was no evidence that arrangements were in place for investigating and learning from serious incidents/adverse events involving residents in this centre.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

New accident/incident and challenging behaviour incident reporting forms have been introduced since 2nd February 2015. An online information system (OLIS) is currently being rolled out to administration sites. Persons in Charge and administration staff have been trained on 27th April 2015 on the implementation of the system. As forms will now be entered onto this dedicated database in the local administration centres, this new system will provide reports on trends and aggregate data in a more efficient and effective way (as opposed to manual analysis) and will thus improve learning. Accidents/incidents and challenging behaviour incidents are reviewed by the person in charge at all staff support and supervision team meetings and are an agenda item at management meetings between persons in charge and the registered provider nominee..

Proposed Timescale: 02/02/2015

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:

There was no evidence that all staff working in this house had received training in the 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:

Training in the protection of vulnerable adults is mandatory for all staff and refresher training is also given. While the records for locum staff may not have been in the respite house at the time of inspection, the manager holds these electronically and can have them printed out and filed in the house.

Proposed Timescale: 05/05/2015

Outcome 12. Medication Management

Theme: Health and Development

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

There were seven minor medication errors recorded in this centre. There were no audits or corrective action implemented following these clerical errors to ensure safe medication practices.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

We continue to work on improving the management of recording errors. Regular audits are carried out by nurses and these will continue. Improvements have been made to the MAR system. Safe Administration of Medication training is mandatory for all non-nursing staff and refresher training is also given. Recording errors will be addressed in this training and on-site follow will be done if required. Medication errors are reviewed by the person in charge at all staff support and supervision team meetings and are an agenda item at management meetings between persons in charge and the registered provider nominee.

Proposed Timescale: 11/02/2015 and ongoing

Proposed Timescale: 11/02/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not adequately describe all of the activities that were ongoing in this centre

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose will be amended.

Proposed Timescale: 18/05/2015

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:

1. The quality of care and experience of the residents were not adequately monitored and developed on an ongoing basis, and effective management systems were not in place to support and promote the delivery of safe, quality care services.
2. There was not a clearly defined management structure that identified the lines of authority and accountability.
3. There was no evidence of regular team meetings between staff and the person in charge.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The person in charge has since held two team meetings in the centre and ongoing staff support and supervision meetings are scheduled with set agenda items to cover all of the areas mentioned. The registered provider holds monthly management team meetings and individual meetings with the person in charge also.

Proposed Timescale: 31/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were not appropriate staff numbers to meet the needs of residents and the safe delivery of services.

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 action plan submitted by the provider in relation to staffing does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme: Responsive Workforce

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

Some staff in this house did not have training in adult protection, safe food hygiene, first aid, manual handling,

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All of the above trainings are part of our suite of training offered to all staff on a continuous basis.

Proposed Timescale: 02/02/2015