<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lakelodge Community Group Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001935</td>
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<td>Centre county:</td>
<td>Sligo</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>North West Parents and Friends Association of Mentally Handicapped Children</td>
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<tr>
<td>Provider Nominee:</td>
<td>Evelyn Carroll</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Glynn</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 27 September 2016 11:30
To: 27 September 2016 18:00

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

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<th>Outcome</th>
<th>Description</th>
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<tr>
<td>01</td>
<td>Residents Rights, Dignity and Consultation</td>
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<tr>
<td>03</td>
<td>Family and personal relationships and links with the community</td>
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<tr>
<td>05</td>
<td>Social Care Needs</td>
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<td>07</td>
<td>Health and Safety and Risk Management</td>
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<td>08</td>
<td>Safeguarding and Safety</td>
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<td>Healthcare Needs</td>
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<td>17</td>
<td>Workforce</td>
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<tr>
<td>18</td>
<td>Records and documentation</td>
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Summary of findings from this inspection

Background to inspection:
This unannounced inspection was the third inspection of the designated centre carried out by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor on-going compliance with the regulations and to review actions identified as part of the last inspection in November 2014. The provider/person in charge is a joint role within the organisation.

How we gathered our evidence:
The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records. The inspector spent time with all four residents living in the centre. The inspector also met with three staff inclusive of the person in charge of the centre.

Description of the service:
The designated centre was a bungalow which is located in close proximity to Sligo town. It is a five bedroom single storey dwelling, with an adequate number of facilities internally to meet the needs of the residents at the time of inspection. All
bedrooms were single occupancy. Residents showed the inspector their living quarters. There was adequate external space available for residents and staff. The service provides care and support to residents with mild to moderate intellectual disabilities on a seven day basis all year.

The residents were informed about the inspection and consented to the inspector reviewing files and documentation in the centre. Residents were also met with and spoke of satisfaction of service they were receiving. Residents stated they were well cared for and also spoke about staff in a positive manner. Where residents were unable to tell the inspector about the quality of service they received, the inspector observed residents were comfortable and happy during the inspection.

Overall judgment of findings:
The inspector reviewed actions taken to address the previous inspections findings and found that overall actions had been addressed by the provider. The centre was inspected against 10 outcomes. The provider had put effective systems in place to ensure the regulations were being met. The inspector found compliance in nine out of ten outcomes. Moderate non-compliance was found in one outcome, with actions regarding staffing resources available at the centre.

These findings are further detailed under the relevant outcome in the report and are included in the action plan at the end.
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:
Overall the inspector found, through a review of documentation and observation, that residents had choice in their daily routines in the centre, for example social outings and menu planning. Staff knew the individual preferences of residents for example, the food they preferred, activities they enjoyed and their interests at weekends.

The inspector observed that staff treated residents with dignity and respect. Each resident had their own bedroom at the time of inspection. On review of personal plans, personal care practices respected residents' privacy and dignity. Staff spoken with were informed of care practices and support required for each resident.

There were policies and procedures in place for the management of complaints. The inspector found that all residents were informed of the complaints procedure, through house meetings and from discussion with the inspector. A nominated complaints person was identified by all four residents. There was an appeals process in the event of a complainant not being satisfied. The inspector found from a review of the complaints log, that there were no active complaints at the time of inspection.

There was a policy on residents' personal property and finances. The inspector found staff were adhering to local policy and implementing practices that ensured residents' monies were appropriately managed. The person in charge had completed audits of residents' finances. Inspectors found that residents' finances were managed in a clear and transparent manner. All money was securely stored and was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all
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):
No actions were required from the previous inspection.

Findings:
Residents who lived in the centre were supported to maintain relationships with their families and were encouraged and supported to interact in the local community.

The inspector saw that residents were supported to maintain and develop personal relationships with the wider community, through activities with social clubs and the additional support staff provided specifically for social activities. Personal plans reflected that all residents were actively supported to maintain links with the wider community and to attend local community events, such as boat trips, agricultural shows and concert events.

Families were invited to attend and participate in residents’ annual planning meetings and reviews of residents’ personal plans. Records indicated that families were kept informed and updated of relevant issues. All residents visited a day service each weekday where they had the opportunity to meet and socialise with friends. Some residents went home each weekend to spend time with their families. Other residents had spent time with family during summer breaks.

A visitors’ policy was in place in the centre and there was an opening visiting practice in the centre. Residents told inspectors that they had kept in contact with family and friends via the telephone.

Judgment:
Compliant
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:
Overall the inspector found that the residents’ welfare and well being was supported, however further improvement is required in relation to the assessment of needs for residents, which will be outlined in outcome 17 with regard to staffing levels. The inspector found that residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, at day centres and in the community.

A review of a sample of personal plans for residents demonstrated good practice and promotion of individualised care for residents. Residents’ preferences were considered and supported in enhancing their life experiences. The personal plans were written in consultation with residents and relatives. There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident’s life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files reviewed, the inspector found that the goals identified for the previous year had been achieved and current goals were being progressed.

The inspector found that a discharge had occurred in line with the centres’ policy and procedure. From discussion with the person in charge and review of the residents' personal plan, all supports had been provided and consultation with resident and family was well documented. Residents and staff continued to maintain contact with the discharged resident.

Staff supported residents to participate and engage in activities in the evenings and weekends. There was also an additional support staff provided each week to support residents individually in line with their goals and preferences. The residents showed the inspector photographs of summer trips in different parts of the country facilitated by staff. Residents expressed satisfaction regarding these events and looked forward to planning further trips and social events with staff. There was transport readily available to the centre to facilitate residents' activities.
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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to promote the health and safety of residents, visitors and staff.

There was an up-to-date health and safety statement. There was also a risk management policy and risk register which identified measures in place to control identified risks. There were measures in place for control of the risks specifically mentioned in the regulations and these were addressed in separate policies viewed in conjunction with the risk management policy. In addition to environmental risks, personal risks specific to each resident were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk.

The inspector found that there were adequate precautions against the risk of fire in the centre. All residents had personal emergency evacuation plans in addition to a centre evacuation plan. Fire drills were conducted at suitable intervals and learning had occurred such as what supports residents required to safely evacuate. Fire management systems were monitored by staff on a daily basis such as ensuring all exits were clear and no faults were outlined in the fire panel. All equipment was serviced quarterly and annually, by an approved engineer.

The person in charge completed audits of fire management systems and addressed actions such as training, when required. All internal doors were fire doors and these had been fitted with self-closing mechanisms. Both staff spoken with, were familiar and trained in relation to fire safety in the centre. The centres' fire procedure was prominently displayed in the centre. Some residents outlined to the inspector the location of the assembly point and what they would do on hearing the alarm.

There was an emergency plan which provided guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation.

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

**Theme:**
Safe Services

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

**Findings:**
There were measures and systems in place to protect residents as guided by policies and procedures in place in the centre.

There was a policy on the safeguarding of adults from abuse and there was a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Members of staff, who spoke with the inspector, confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation. To date no allegations or suspicions of abuse had occurred in the centre.

There was also a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents where required. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing behaviours that challenged. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents informed the inspector that they felt safe and supported in the designated centre.

There were no residents using bed rails or any other form of restraint at the time of inspection.

**Judgment:**
Compliant

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**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):
No actions were required from the previous inspection.

Findings:
Overall the inspector found that residents' health care needs were met in line with their personal plan however the inspector found that a review was required regarding the assessment of needs for all residents with regard to staffing support and supervision. This will be further outlined under outcome.

Residents' health care needs were met with timely access to the general practitioner (GP), including out-of-hours. All residents had access to GP services of their choice. The inspector found evidence that residents consulted with GPs as required and all residents had an annual health check carried out by the GP. Referrals to other medical consultants were also made, when required, for residents.

Access to allied health care professionals and appropriate treatments was available to residents as required on referral. Agreements were in place for such services with external agencies, such as dietician, occupational therapy (OT) and speech and language therapy (SALT). Some residents had required allied health care professionals and care plans outlined all recommendations. The inspector observed that staff acted in accordance with care plans, for example presenting consistency of foods and fluids for some residents.

Residents had access to the kitchen to prepare drinks and snacks at any time. Residents told the inspectors that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed the meals in the centre.

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):
No actions were required from the previous inspection.

Findings:
The centre had a policy and procedure in place for the safe medication management and inspector found that staff acted in accordance with these procedures.
The person in charge had ensured that an assessment had been completed for each resident to facilitate self administration of medication if appropriate. There was safe and suitable storage for all medication in the centre. There were systems in place to guide staff on the ordering, storage and disposal of medication in the centre. All residents had a medication plan outlined in their personal plan, guiding staff on the administration of medication for each individual.

The inspector reviewed a sample of residents’ medication files which were clear and legible and that medication information was filed appropriately with all interventions and guidelines as provided by the pharmacist. The inspector found that the person in charge and staff were informed and aware of local policies and procedures that were in place for all residents. The prescription sheets for a number of residents were viewed by the inspector who found that each medication was accompanied by a signature from a GP, medication was administered in the required timeframe and discontinued medication was signed off by a GP.

At the time of inspection staff was scheduled to attend training in medication management that week. The person in charge also confirmed that this would be completed.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
There were effective management systems in place in the designated centre to support and promote the delivery of safe, quality care services at the time of inspection.

There was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of service. The person in charge worked full-time and had the skills and experience necessary to manage the centre. The person in charge had an in-depth knowledge of the residents and their backgrounds.
There was evidence of on-going reviews of the quality and safety of care in the centre and evidence of learning from the reviews. The inspector met and discussed with the provider, who also acts as person in charge for this centre, the systems and processes that were in place to ensure that services provided was effectively monitored. This included for example, health and safety audits, satisfaction surveys, finance and personal plans. There was also evidence of service user pathway reviews when required.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had ensured that staff attended relevant training.

There were arrangements to cover the absence of the person in charge and there was on-call out of hours support in place for staff.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
_The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose._

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that the workforce was not sufficient to meet the needs of residents at the time of inspection.

The staffing ratio provided was one staff to four residents. Staff working in the house were on sleep over after a specified time at night. The inspector found that from review of the daily logs there were records of the residents requiring assistance twice at night. Staff were alerted from their sleep by alarm systems currently in place. The staff had also recently commenced keeping a separate log of the residents requiring assistance at night. The annual quality review completed by the provider had also identified the changing need for the resident requiring further assistance which was actioned by additional staffing during waking hours only. The inspector found that additional staffing was not in place at the time of inspection. The provider had failed to identify the changing need at night and implement the appropriate staffing supports and supervision required. The inspector also found that a report completed by an occupational therapist (OT) in September 2016 had recommended a change in staffing supports in line with the increased needs of a resident due to a degenerative condition. Furthermore, the OT also outlined the impact on other residents regarding social care goals and quality of care, if resources were not modified to reflect the changing needs for a resident.
At the time of inspection there was one vacancy in the designated centre.

**Judgment:**
Non Compliant - Moderate

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**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

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

**Findings:**
Overall, residents were found to receive assistance, interventions and care in a respectful, safe and timely manner, however the inspector found that additional staffing was required due to the changing needs for a resident in the designated centre.

Not all aspects of this outcome were reviewed on the day of inspection.

There was a planned and actual staff roster which inspectors viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. Staff also accompanied residents for outings, such as concerts and trips away and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events.

The inspector found that additional staffing was required to support all residents in the centre. This was evidenced in risk assessments completed and in the annual review of the quality and safety of care provided in the centre. The assessment was based on the increase in assessed needs of a resident which resulted in continuous supervision throughout the working day in the centre. This assessment was completed in conjunction with a multidisciplinary team (MDT) identifying that current staffing resources were inadequate to meet the needs for one resident as seen in minutes of the MDT meeting and personal care plan. It was identified by the provider that while no adverse events had occurred at the time of inspection, that continuous supervision was facilitated. However, the inspector found that this requirement for constant supervision for one resident resulted in other resident's needs not being prioritised. As needs had increased and supervision levels increased this would impact on other residents in relation to social activities, as identified by the management team in the annual quality review. S
Staff informed the inspector that while the current levels were adequate they were concerned of the impact on other residents. The inspector also noted that due to the levels and frequency of disturbance to the staff on sleep over, this would impact on the staff rest periods. The inspector also observed in the daily logs that a resident had required assistance on a number of occasions throughout the night on a daily basis. The inspector found that staff were now keeping a log of assistance required at night due to increase in needs and supports for a resident. The service provided sleep over staff and did not provide waking night staff at present. The provider agreed that this required urgent review around the staffing and supports in place.

Staff confirmed and training records indicated that staff had received training in fire safety, adult protection, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training, such as training in medication management and food safety management.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that records as required by the regulations were maintained in the centre.

During the course of the inspection a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably stored.

The provider had addressed the failing from the last inspection which required all policies were reviewed in a three year time frame. All policies as required by Schedule 5
of the regulations were available to guide staff. The policies were readily accessible to staff.

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:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of Inspection:</td>
<td>27 September 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 November 2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, 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 16: Use of Resources

Theme: Use of Resources

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

The provider failed to identify the adequate staffing resources to meet the needs for residents in the designated centre.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
Letter received from Service Manager, HSE 20/10/16 stating that they are "not in a position to support your application for additional funding within the 2016 allocation" NWPF have identified the peak times when additional staff is required i.e. evening time. A staff member will be assigned to one service user to meet the changing needs and this will result in other service users not being impacted upon. This will commence on 7th November, 2016

Proposed Timescale: 07/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider is required to ensure appropriate staffing levels to meet the needs of all residents residing in the centre following completion of assessment to identify change in needs for residents.

2. 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:
Letter received from Service Manager, HSE 20/10/16 stating that they are "not in a position to support your application for additional funding within the 2016 allocation" NWPF have identified the peak times when additional staff is required i.e. evening time. A staff member will be assigned to one service user to meet the changing needs and this will result in other service users not being impacted upon. This will commence on 7th November, 2016

Staffing levels will continue to be reviewed in consultation with staff and will be increased if circumstances change.

Proposed Timescale: 07/11/2016