

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Ireland |
| Centre ID: | OSV-0005066 |
| Centre county: | Tipperary |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Ireland |
| Provider Nominee: | Johanna Cooney |
| Lead inspector: | Caroline Vahey |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 11 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 16 March 2016 09:45 To: 16 March 2016 19:00

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

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

Summary of findings from this inspection

This was the first inspection of the designated centre. The inspection was announced one day prior to the inspection.

The purpose of the inspection was to monitor ongoing regulatory compliance. Seven outcomes were inspected against. As part of the inspection, the inspector observed interactions between staff members and residents and observed staff providing support to residents. The inspector spoke to four staff members. Documentation such as personal plans, staff rosters, staff training records, risk register and records pertaining to fire safety were also reviewed as part of this inspection. Both premises were reviewed in terms of fire precautions and risk identification.

The person in charge attended one unit at the beginning of the inspection. A feedback meeting at the end of the inspection was attended by three team leaders, the person in charge, a service manager, the regional service manager and a quality manager.

The centre provided full time residential care to eleven adults in two units. One unit supported male adults with mental health and behaviour support needs. The unit was located in a rural setting within driving distance to a local town. The second unit supported male and female adults with mobility, medical, mental health and some behaviour support needs. The unit was located close to a local town.

Overall the inspector found resident needs were met through the care and support provided. Evidence of good practice was found in social care needs, healthcare needs and medications management. One major non compliance was identified in health and safety and risk management and related to inadequate arrangements for the containment of fire in one unit and for the safe evacuation of residents in the event of a fire in the second unit. Improvements were also required in governance and management arrangements to ensure effective monitoring of the service provided. These non compliances are discussed in the body of the report and the actions required to address these are set out 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 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall the inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support.

The centre consisted of two units and the inspector reviewed two personal plans as part of this inspection. Residents had comprehensive assessments of need detailing residents' health, social and personal care needs. Personal plans were developed reflecting needs identified and were subject to review a minimum of annually or as needs changed. The inspector reviewed records of annual review meetings in which residents and their representatives had attended the meeting and contributed to the review of plans and the development of goals.

Personal plans outlined the support required in order to meet the health, social and personal needs of residents. Plans were comprehensive and clearly outlined the support residents' required to meet their assessed needs, while guiding practice. For example, diet and nutrition plans, intimate care plans, mental health care plans, money management plans and mobility plans. There was evidence that multidisciplinary team members had been involved in the assessment of residents' needs and recommendations formed part of personal plans. For example, a speech and language therapist had assessed and developed guidelines for a swallow care plan, and the therapeutic interventions prescribed by a psychiatrist formed part of mental health care plans.

Individual social care goals were developed through the individual goal planning process. The inspector found social goals were meaningful, relevant to residents' interests and wishes and supported opportunities for new experiences, for example, attending the races, learning to use community facilities and visiting cultural attractions. Individual social goals were reviewed on a quarterly basis. Social opportunities such as the promotion of positive relationships were also supported through practices in the centre, for example, residents were supported to visit family members at home on a weekly basis.

All residents in one of the two units attended a day centre five days per week. The team leaders outlined to the inspector plans to develop a "step down" service which would facilitate residents having days off from day service in order to accommodate residents' changing needs. Residents in the second unit were supported by staff to attend day activities in the community.

The inspector found that health, social and personal care plans were fully implemented and as a result residents experienced positive outcomes.

Accessible personal plans were not reviewed as part of this inspection.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the health and safety of residents was not protected with improvements required in fire evacuation procedures and arrangements for the detection and containment of fire. Improvements were also required in food safety procedures and infection control procedures.

The centre comprised of two units. One unit, a large two storey property did not have fire doors or emergency lighting fitted. Exits were not marked however, exits were unobstructed on the day of inspection. A fire alarm was connected to the main electricity supply. The team leader informed the inspector that further to assessment by the provider the fire alarm was not to the required "L1" standard. A quote for works to upgrade the fire alarm and install fire doors and emergency lighting had recently been completed. Fire extinguishers and a fire blanket were available and had recently been serviced. The fire evacuation procedure was prominently displayed in the hallway. Fire

drills were completed on a quarterly basis and included night time drills. Where issues had been identified during fire drills corrective action had been taken to minimise the risk of reoccurrence.

A second unit comprised of a purpose built single storey property. The unit was fitted with an "L1" fire alarm, emergency lighting, fire doors throughout the centre, fire extinguishers and a fire blanket however, some fire doors did not have self closing devices fitted. There were a total of four emergency exits, clearly marked and unobstructed on the day of inspection. Records of fire drills for the preceding year were reviewed by the inspector. Fire drills were carried out on a quarterly basis including one night time drill however, the inspector found night time evacuation procedure involved the use of an overhead hoist. Arrangements were not in place for emergency evacuation of residents requiring assisted transfers, in the event of power cut during a fire. A night time fire drill was subsequently carried out post inspection using a portable hoist however, this drill was not completed in a timely manner and the staffing levels to complete the fire drill were not reflective of the actual staff available at night time i.e. three staff completed this drill however, two staff are rostered at night time in the unit. All fire equipment in the unit had been serviced within the last year.

Personal emergency evacuation plans were available for all residents in the centre. The inspector reviewed a sample of training records for seven staff and all had received training in fire safety.

There were policies and procedures in place for risk management and emergency planning. The emergency plan identified the procedure to follow in the event of a gas leak, flooding and loss of water and the location to which residents could be relocated should that be required. The risk management policy included the measures and actions to control the risks of unexplained absence of a resident, accidental injury to residents, visitors and staff, aggression and violence and self harm. A risk register was maintained in the centre and identified risks and the actions required to mitigate the risk. Site specific risk assessments were in place in areas such as lone working and challenging behaviour. Individual risk assessments were developed in areas such as slips / falls, travelling in the bus, visitors, and aggression, with control measures in place to mitigate the risk. The inspector found all risk assessments in place were subject to regular review.

There was a policy in place in relation to incidents where a resident goes missing.

The centre had policies and procedures relating to health and safety. There was an up to date health and safety statement which outlined the roles and responsibilities of personnel employed in the service. The policy also outlined guidelines for challenging behaviour, emergency procedures incident reporting and first aid. The inspector reviewed safety audits in one unit completed by the team leader approximately six monthly. The audit included a broad range of safety checks in the unit such as structural, medication, housekeeping, manual handling and first aid. The inspector found that some issues in one audit did not have an action documented however, actions had been taken to address the issue.

There was an up to date policy in place on infection control. The inspector found there were inadequate procedures in place in relation to hand washing, for example, there was no antibacterial hand soap or disposable handtowels available in the kitchen of one unit. In addition, not all colour coded chopping boards were available to ensure safe food hygiene practices. Personal protective equipment such as disposable gloves and aprons were available. There was a daily cleaning schedule completed within the centre and staff had signed to confirm they had completed tasks. Colour coded mops and buckets were also available.

Reasonable measures were in place to prevent accidents such as the availability of hoist and handrails to ensure safe resident transfers.

The inspector reviewed incidents forms which specifically related to incidences of challenging behaviour. Arrangements were in place for review of incidents by the staff team and the service manager and where required the multidisciplinary team.

The inspector reviewed records of training for seven staff and all staff had received training in moving and handling of residents.

The inspector reviewed the records for the vehicle in one unit and found the vehicle was suitably insured and had an up to date certificate of insurance.

Judgment:

Non Compliant - Major

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:

Overall the inspector found measures were in place to safeguard residents and protect them from abuse. Residents were provided with emotional, behavioural and therapeutic support, promoting a positive approach to behaviour that challenges. However, the inspector found that some improvement was required to ensure approval for the use of restrictive procedures were in line with the centre policy.

There was a policy in place on the provision behavioural support incorporating the use of restrictive practice. Where required staff had received training in behavioural support and the use of restrictive procedures. The inspector reviewed a sample of two behaviour support plans. Plans were developed by a psychologist in consultation with staff and residents' representatives and were regularly reviewed. Plans comprehensively outlined the identifying behaviours, positive preventative strategies and reactive interventions to support residents both during and after incidents of behaviour that challenge. The use of PRN (as required) medication to manage behaviour that challenges was subject to regular review and closely monitored as to its effectiveness.

The use of restrictive procedures formed part of behaviour support plans and the inspector was assured that all measures would be taken prior to the use of a restrictive procedure and as such, restrictive procedures were used as a last resort. However, the inspector found that while restrictive procedures were subject to regular review by the multidisciplinary team, approval had not been sought for their use by the service' human rights committee, as per the centre policy on the use of restrictive procedures. Family members had been made aware of the use of restrictive procedures.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. All staff had received training in safeguarding. Staff members were observed to treat residents with warm, friendly and approachable manner. Staff were knowledgeable on what constitutes abuse and the actions to take in the event of an suspicion, allegation or disclosure of abuse. The inspector was assured that systems were in place should an incident of abuse occur to ensure the matter was investigated and measures were put in place to ensure all residents were safeguarded.

There was a policy in place on the provision of intimate care.

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 inspector found residents were supported to achieve and maintain good health.

Residents attended a general practitioner in the community. Residents also accessed allied health professionals in the community and through the Brothers of Charity service including dentist, psychologist, speech and language therapist and a psychiatrist. A part time nurse was employed in both units in the centre to support the development and implementation of health care plans.

Health care plans were developed in line with residents assessed needs. The inspector found that health care plans were fully implemented and residents had timely access to allied health professionals. For example, the inspector reviewed records of appointments and found residents had an annual medical review completed, appointments had been facilitated with allied health professionals and where required additional medical monitoring had been completed.

Residents were supported to make healthy living choices, for example, information was available on healthy food choices. Residents participated in the development of meal plans on a daily basis and pictures of food choices were displayed in the kitchen area. The inspector reviewed samples of food choices available for residents and found that food offered was varied and nutritious. Staff were observed to provide assistance to residents, to eat and drink in a sensitive manner.

The advice of a dietician and speech and language therapist formed part of nutritional plans for residents where required.

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 inspector found residents were protected by the centres' policies and procedures for medication management.

There were written operational policies for the ordering, prescribing, storing and administration of medication. Medications were stored in locked medication presses in the centre and the keys for these presses were secure. The inspector reviewed a number of medication prescription and administration records. Where medications required to be crushed this had been approved by the prescribing doctor. Medication prescriptions contained all the required details including name, dose and route of

medication, with all medications signed by the prescribing doctor. PRN (as required) medication prescriptions outlined the indications for use and the maximum dosage to be administered in a 24 hour period. Administration records confirmed medications had been administered to the resident for whom they had been prescribed.

Medications were checked on receipt and a stock balance was maintained.

Medication management audits were completed on an annual basis in areas such as ordering, prescription and administration records, storage, labelling medication errors and staff training. Action plans had been developed to address issues identified from audits. Where required staff had completed training in medication management.

The residents availed of the services of a pharmacist in a local town and residents were supported by staff to attend the pharmacy.

Judgment:
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 inspector found that management systems had yet to be established to ensure the quality of care and experience of the residents were monitored and developed on an ongoing basis. Improvement was also required to ensure the views of relatives formed part of the annual review of the quality and safety of care.

The person in charge had recently been appointed and the Authority had been notified of this appointment one day prior to the inspection. The person in charge had responsibility for four designated centres and three day services over a significant radius. While the management reporting structures were in place, the overall governance and management arrangements in terms of the person in charge had yet to be established. The arrangements for the person in charge to attend the centre, monitor the care and support for residents and to monitor the safety and effectiveness of the service was not in place on the day of inspection.

There was a defined management reporting system in place in the centre. The team leader in one unit had recently been appointed and was employed on a full time basis. The second unit had two part time team leaders appointed and both were in post for a number of years. Team leaders reported to the person in charge. The person in charge reported to the regional service manager who in turn reported to the provider nominee.

Team leaders had responsibility for the day to day management of units within the centre. However, the inspector found that inadequate arrangements were in place to support team leaders to fulfil their management functions, in that part time team leaders could not avail of protected time, and the full time team leader had approximately three to four hours per week to fulfil management functions.

An annual review of the quality and safety of care and support had been completed in March 2016 by a social care leader from another centre on behalf of the provider nominee. Actions had been developed to address identified issues from the annual review. However, the inspector found the views of relatives did not form part of the annual review.

A six monthly unannounced visit had been completed by two staff members on behalf of the provider nominee. Actions had been developed to address issues identified at the unannounced visit.

Supervision records were not reviewed as part of this inspection however, the team leader in one unit identified that supervision would be completed on a quarterly basis for staff going forward.

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:

Overall the inspector found there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services however, some improvement was required in the details on rosters and in staffing records.

The centre comprised of two units. One unit was staffed by three staff during the day and two staff by night, one of which was on sleepover duty. The second unit had a staff on duty all day with two additional staff in the afternoon period. One staff was on night duty supported by a sleepover staff. The centre was staffed by social care workers and care staff and a part time nurse was employed in each unit.

The inspector did not have concerns with regard to the numbers of staff. There was an actual and planned roster however, the inspector found that the roster did not record the actual times staff were on duty during the night time period. In the absence of the team leader, a shift coordinator was identified on the roster.

The inspector reviewed a sample of seven staff training records and found staff had received mandatory training in fire safety, manual handling, safeguarding and medication management. Additional staff training had been provided in areas such as first aid, risk management and the use of physical restraint. The inspector found the training provided enabled staff to meet residents care and support requirements in line with their personal plan.

The inspector reviewed a sample of four staff files and found most of the requirements of Schedule 2 of the Regulations (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained. However, the inspector found documentation was not available to confirm relevant staff members had up to date registration with the relevant professional body.

Arrangements were in place for staff supervision with a plan in place to complete supervision on a quarterly basis. Staff supervision records were not reviewed as part of this inspection.

Judgment:
Substantially 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:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Ireland |
| Centre ID: | OSV-0005066 |
| Date of Inspection: | 16 March 2016 |
| Date of response: | 13 May 2016 |

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 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:

There were inadequate hand washing facilities available in one unit.

Some colour coded chopping boards were not available in one unit within the 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 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Hand washing facilities and colour coded chopping boards are now in place.

Proposed Timescale: 17/03/2016

Theme: Effective Services

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

Emergency lighting was not available in one unit within the centre.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting scheduled for installation on the 20/05/2016

Proposed Timescale: 20/05/2016

Theme: Effective Services

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

Fire doors and a fire alarm of suitable standard were not available in one unit in the centre.

Self closing devices were not fitted on fire doors in one unit within the centre.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire alarm is scheduled for installation for the week of the 16/05/ 2016.

Fire doors are scheduled for installation by the 23/05/2016.

Alarm activated magnetic locks with self-closing devices are scheduled for installation week of the 20/05/2016.

Proposed Timescale: 23/05/2016

Theme: Effective Services

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

Inadequate arrangements were in place for the safe evacuation of residents at night time in one unit within the centre.

4. 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:

Back up battery system is in place for the use of overhead hoists in the event of power loss. Planning permission has been submitted to convert bedroom windows to fire exit doors for speed of egress.

Proposed Timescale: 08/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive practices had not been approved by the service' human rights committee, as per the centre policy on restrictive practice.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The restrictive practices have been referred to the centre's Human Rights Committee for approval as of the 09/05/2016.

Proposed Timescale: 09/05/2016

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 newly appointed and management systems had yet to be established to ensure the quality of care and experience of the residents were monitored and developed on an ongoing basis.

Protected time was insufficient for team leaders to carry out the management functions, for which they had responsibility.

6. 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 organisation has reviewed its structures to ensure effective governance and management of the designated centre with clear roles of authority and accountability. A more detailed response has been provided to the Authority on this matter.

Proposed Timescale: 30/05/2016

Theme: Leadership, Governance and Management

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

The views of relatives did not form part of the annual review of the quality and safety of care and support.

7. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The views of relatives have been sought by means of a questionnaire and the annual review will be revised to take into account this information.

Proposed Timescale: 20/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Rosters did not detail the actual times staff were on duty at night time.

8. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Rosters have been revised to ensure they detail the actual times staff are on duty at night time.

Proposed Timescale: 09/05/2016

Theme: Responsive Workforce

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

Documentation was not available to confirm relevant staff members had up to date registration with the relevant professional body.

9. 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:

Evidence of registration with professional bodies is now on file.

Proposed Timescale: 09/05/2016