

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St John of God Kildare Services - Designated Centre 15
Centre ID:	OSV-0005316
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Michael Stokes
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	2

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 December 2016 14:30 To: 06 December 2016 19:30

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

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 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection

This was an announced inspection following an application from the Provider to vary their registration conditions. The centre was previously inspected in December 2015 and was found to be complaint across all eighteen outcomes. The centre was registered for occupancy for five residents in 2015 and was seeking to add an additional house to this registration in order to support an additional two residents.

How we Gathered Evidence

The inspector met with one of the residents due to move into the centre and spoke with one relative via telephone. The resident appeared very happy to be moving into their new home and asked when it would be ready on a couple of occasions. The resident showed the inspector their bedroom and sitting room and told the inspector that they liked their new house. They also spoke about getting new furniture and curtains for their room.

The relative spoken with reported that they were consulted with throughout the entire transitional process and were delighted that their family member was moving to a new house. They said that it was a 'real' home just like any other and they were confident that their family member would receive the supports required in order for a good quality of life. They were also extremely complimentary of the service to be provided and of management and staff.

The inspector observed that the proposed accommodation for the new residents was suitably decorated, ventilated, heated and very welcoming. It was in the process of being decorated and the residents were directly involved in this process.

The inspector also spoke with the provider nominee, person in charge and the social care leader at length throughout the day. Policies and documents were also viewed as part of the process including a sample of transitional plans, staff files, training records and medication policies.

Description of the Service

The centre comprised of a large two storey six bedroom house supporting five individual residents. This house was observed to be modern, spacious, very well kept, and individualised to residents likes, preferences and needs. It was warm and welcoming and was observed to be a homely environment. Residents appeared very relaxed in the house and chatted away to each other and staff while the inspector was there

It was in close proximity to the busy town of Maynooth where residents had access a range of community based facilities such as shops, cafes, hotels and pubs. The town also provided regular public transport and the centre had the use of a designated vehicle for trips further afield if and when requested by residents.

The centre was now seeking to vary its conditions and applied to include an additional house as part of its current registration. The proposed accommodation was a large three story end of terrace house in close proximity to the centre and was observed to be modern, very well furnished, spacious and homely. It was to provide a residential service for two individuals.

It was also in close proximity to Maynooth where the residents would have access to a range of community based facilities as above. Public transport was also readily available and the person in charge informed the inspector that this new house, once opened, would have access to a designated vehicle.

Overall Judgment of our Findings

This inspection found good levels of compliance across many of the core outcomes assessed. Of the seven outcomes assessed four were found to be compliant including social care needs, premises and safeguarding.

Some issues were identified regarding health, safety and risk management as well as workforce and a minor issue was also identified with governance and management. These are further discussed in the main body of this report and in the action plan at the end.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that since the last inspection the residents' wellbeing and welfare continued to be promoted to a good standard and was satisfied that systems were in place for the two new residents to transition into their new home with adequate and appropriate support.

The inspector reviewed the guidelines for person directed support which had been reviewed and updated in July 2016. The guidelines were to assist staff in supporting residents to plan for a life of their choosing.

From a sample of files viewed the inspector observed that residents' personal plans provided details on their rights, their individual choices, their goals and how they like to experience a meaningful day.

For example, as part of their person centre plan one resident wished to have control over their finances. The inspector saw that the resident was supported to open a bank account, was provided with training to manage an ATM card and was provided with on-going support from staff as and when required to manage their own personal monies. As part of their plans this resident was also being supported to learn how to use a computer.

Residents also had a range of meaningful activities to choose from as part of their day activation programmes. For example, from a sample of files viewed residents engaged in work placements, coffee mornings, social outings, exercise programmes and drama classes.

From a sample of files viewed and from speaking with the person in charge and social care leader the inspector was satisfied that arrangements would be in place to meet the new resident's assessed needs once they moved in and personal plans would be developed in consultation with the residents, family members, multi disciplinary team members (as and when required) and assigned key worker.

One of the new residents had already completed a comprehensive transitional plan with the support of family and staff. This plan supported the resident to plan their journey to their new home.

They also detailed their transitional support needs, communication needs, important people in their lives and their individual likes, preferences and wishes. As part of their transitional plans, the resident would also be supported to maintain their current day activation programmes.

The residents and family members also got to visit the new house prior to moving in, chose their own bedroom, were to be involved in the decorating of the house and involved in the process of buying new furniture for their bedroom and sitting room.

The inspector met with one resident due to transition into the centre and observed that they were excited and happy about moving into their new home. It was also observed that they knew the social care leader and person in charge very well.

The person in charge and the social care leader also informed the inspector that the resident would be supported to use their local community and frequent local shops, cafes and hotels if they so wished. They would also be supported to develop an in-depth personal plan and identify goals based on their individual preferences and likes.

From going through the guidelines on person directed planning, reading a sample of personal plans, reading one resident's transitional plan and from speaking to the resident, family members and staff, the inspector was satisfied that when the new residents moves into this centre, their social care needs would be met in line with their wishes.

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 location, design and layout of the new house that would comprise this centre was suitable for its stated purpose and the inspector was satisfied that it would meet the resident's needs in a safe, comfortable, person centred and homely manner.

The new house comprised of a three bed roomed three story house in Maynooth, County Kildare. It was in close proximity to shops, restaurants, pubs, barbers, churches and cafes.

Each resident was to have their own floor in the house containing of an individual bedroom which was being decorated to their individual likes and preferences. Residents also had their own bathrooms/showering facilities as well as having their own private sitting room adjacent to their bedrooms.

A lot of thought went into the selection of this house as one resident in particular loved to be able look out the window regularly. It was observed that their sitting room had a very large patio area that provided ample space for the resident to do this. The resident's family members also commented on how happy they were with the selection of the house.

Communal facilities included a large hallway on entrance to the house, and a well equipped kitchen cum dining room. There was also a large bathroom and a utility room on the ground floor of the house. It was observed that there was also ample storage space in the centre.

The house was clean and in a very good state of repair throughout. The fixtures and fittings were modern and it was well ventilated, warm and tastefully decorated. It was observed that the kitchen area was very dark however, the person in charge informed the inspector that she would address this issue prior to any resident moving in.

There was a small garden area to the front of the property which was decorated with plants/flowers and a very well maintained private back garden for residents to avail of. The person in charge informed the inspector that a garden shed and patio furniture would be purchased as soon as the house was approved.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff continued to be promoted in the centre and was equally satisfied that systems were in place to ensure that the new residents due to move in would also be safe.

There was a Health and Safety Statement in place which was specific to the centre and a site specific emergency plan had also been developed for the proposed new house to join this centre. The purpose of the emergency procedures was to identify how to respond to any emergency and/or disaster occurring in the centre.

There was also a policy in place on risk management which aimed to promote a working environment that encouraged the use of professional judgement with regard to calculated risk taking. The risk management policy was a comprehensive document and met the requirements of the Regulations.

From a sample of files viewed the inspector observed that all residents had a document completed on how to stay safe in the centre. This document identified possible risks to each resident and strategies to mitigate such risks

As in line with the policy all residents also had a falls risk assessment in place as well as a manual handling risk assessment. The person in charge informed the inspector that that prior to any individual moving into the centre they would be supported to undertake a 'how to stay safe' assessment, and a falls risk assessment would be completed. Any issues identified in the initial phase of moving in would be risk assessed if required.

The person in charge informed the inspector that the level of risk related to the current residents and the residents due to move in was low to medium and strategies would be developed in order to ensure their safety.

However, an issue was identified regarding the implementation of a recommendation arising from a risk assessment. One resident was assessed as requiring a modified diet and a recommendation was made that all staff would have specific first aid training when working with this resident. While it was observed that all core staff had this training, there was no information available to inform the inspector if the relief staff had undergone this training. It was observed that relief staff may work on their own in this unit.

Systems were in place to ensure that the fire equipment including the fire alarm system were serviced regularly. The fire alarm/panel was maintained and tested regularly by an external consultancy company, the last check was in April 2016. The inspector viewed the certificates of Inspection and Maintenance on the day of inspection.

The inspector also saw a sample of a fire log and was assured that fire drills were carried out as required by regulations. Where an issue was being identified in a fire drill

it was also observed that personal evacuation plans were being updated accordingly. Regular checks of escape routes and fire equipment were also be carried out by staff. It was observed that some fire equipment was due for a service however, the person in charge was aware of this and had organised it by the time this inspection was completed.

The inspector observed that the proposed new house as part of this centre had adequate fire equipment in place to include a fire panel, smoke detectors, fire extinguishers, a fire blanket, emergency lighting and adequate signage. The social care leader also assured the inspector that as with the existing house, daily, weekly and monthly checks would be carried out on the various pieces of fire equipment as appropriate and as required in the new house.

There was one car in use in the centre. The inspector observed that it was adequately insured and registered as required. Once the new house was up and running it would also have a designated vehicle and the social care leader assured the inspector it would be adequately insured and maintained as required.

From a sample of files viewed, all staff had attended both fire training and manual handling training.

Judgment:

Substantially 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:

Overall this inspection found that there adequate systems were in place to protect the residents from all forms of abuse across the centre. The inspector was also satisfied that there were systems in place to ensure the safety of the two individuals due to move into the new house that would comprise this centre once registered and operational.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to protect the residents in the

centre and of a sample of files viewed, staff had up-to-date training in safeguarding of vulnerable adults.

There was a policy in place for the provision of intimate personal care. From a sample of files viewed all residents had a personal and intimate care plan in place which provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident. The updating of these plans also formed part of transitional process for the new residents due to move into the centre.

There was also a policy in place for the use of restrictive practices however, the person in charge informed the inspector that there was no restrictions in use in any part of the centre. If one of the new resident to move into the centre was prescribed p.r.n. medication the person in charge informed the inspector that it would be reviewed regularly and in line with best practice. A strict protocol on its administration would also be developed.

There was a policy in place for the provision of behavioural support. The social care leader informed the inspector that any new resident moving into the centre would have a complete review of their individual needs.

If required a multi-element behavioural support plan would be updated and/or developed with multi disciplinary support as and when required. The inspector also observed that all staff had the required training in supporting residents to manage their behaviour.

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 inspector found that the medication management policies, which were reviewed in 2015, were satisfactory and that medication practices described by the social care leader were suitable and safe. The inspector was also satisfied that once registered, the new house that was to become part of this centre would also have safe and suitable medications practices in place.

The inspector was satisfied that there were appropriate procedures in place for the

ordering, handling, administration and disposal of unused medicines in the centre. Individual medication plans were in place for the residents and were reviewed accordingly and in line with the resident's individual personal plan.

A locked secured drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. From a sample of files viewed, the inspector observed that staff were trained in the safe administration of medication in the centre.

Where a resident was being supported to self medicate, a self medication assessment form had been completed and the practice of self medication was also risk assessed.

There were no controlled drugs in use in the centre. Medicines were routinely checked and audited so as that all medication in use in the centre could be accurately accounted for at all times.

Systems were found to be in place for reviewing and monitoring safe medicines management practices. For example, the inspector observed that there were systems in place to record any drug errors made and for learning from such incidents if and when they might occur.

As stated above, the inspector was satisfied that once the new house that was to comprise this centre was opened, there would be safe and suitable medications practices put in place as described by the person in charge and social care leader on the day of inspection.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of

the service. However, a minor issue was identified regarding the on-going monitoring and auditing of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was supported in her role by an experienced and qualified social care leader. The person in charge was a qualified physiotherapist with significant experience of working with people with disabilities.

She was also dedicated to her own professional development and completed a post graduate qualification in health management. The social care leader had completed an honours degree in social care.

From speaking with the person in charge and the social care leader it was evident that they had an in-depth knowledge of the individual needs and supports of the residents currently in the centre and of one of the residents who were to move into the centre.

They were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in the management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found that the person in charge provided good support, leadership and direction to her staff team. She provided on-going support and supervision to the social care leader.

The social care leader in turn provided support and supervision to the broader staff team. A sample of the supervision notes viewed informed the inspector that the one-to-one meetings between staff members and the social care leader provided for good support and guidance.

The inspector also found that appropriate management systems were in place for the absence of the person in charge as the social care leader took on this role in her absence. There was also an on call system in place, where staff could contact a nurse manager 24/7 in the event of any unforeseen circumstance.

An annual review of the Quality and Safety of Care had been facilitated as required by the regulations. The inspector was satisfied that this review was identifying areas of compliance and areas of non compliance and that appropriate actions were being put in place to address areas of non compliance.

Systems were also in place to facilitate announced and unannounced visits and audits of the centre. The person in charge informed the inspector that the service quality enhancement team facilitated these visits and audits. Staff also conducted some internal audits in the centre.

On reviewing a sample of these audits the inspector observed that some of actions arising from them were not being addressed in a timely manner. For example, one action identified in September informed that a resident's file required updating. This had not been completed to date. The social care leader informed the inspector that would be

addressed as a priority.

Overall the inspector was satisfied that the current systems of governance and management were adequate. The inspector was equally satisfied that the person in charge and the social care leader had adequate plans in place to ensure for effective systems of governance and management in the new house that was to comprise part of this centre once registered.

Judgment:

Substantially Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

While the inspector was satisfied that the staff skill set and skill mix in place to support the residents was adequate, it was observed that the staffing levels required review to ensure that all of the assessed needs of the residents were met in a timely manner.

The centre was currently staffed with a team of social care professionals. The inspector was informed that once the new house was to open, staffing levels were to increase as in line with the statement of purpose.

The person in charge also informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support.

From a sample of files viewed, all staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that there was good continuity of care in the centre and staff were familiar with the residents. The inspector was assured that this arrangement would also be in place in the new house once opened. The inspector met with one of the new

residents waiting to move in and observed that they knew management and staff very well.

At all times throughout the inspection the inspector noted that all management and staff spoken with were very respectful towards the residents and knew their care support requirements at an intimate level.

However, it was also observed that at times throughout the day the staffing arrangements in place required review. For example, on a regular basis there was only one staff member on duty in the evening. This in turn meant that when there was only one staff on duty, residents quite often had to engage in social activities as part of a group as opposed to an individualised basis. It could also mean that some social activities may have to be postponed and/or rearranged.

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:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0005316
Date of Inspection:	06 December 2016
Date of response:	20 December 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:

While the centre for the most part was managing risk quite well, the inspector observed that one recommendation arising from a risk assessment required review and updating

1. Action Required:

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

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

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

The registered provider and the Person in Charge will ensure systems are in place in the designated centre for the assessment, management and on-going review of risk.

1. Person in Charge will make a referral to Speech and Language Therapist for review of residents' current plan.
2. Person in Charge will review the risk assessment post review by speech and Language
3. Person in Charge will ensure that staff supporting this resident will have relevant training.

Proposed Timescale:

1. 19/12/2016 (Completed)
2. 23/12/2016
3. 30/01/2017

Proposed Timescale: 30/01/2017

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:

Some actions identified through the process of internal audits were not being addressed in a timely manner.

2. 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:

1. The Registered Provider will ensure the Person in Charge will amend the audit tools used to include a column with 'date completed by' and a staff signature.
2. Person in Charge and Social Care Leader will monitor and track completion of actions identified in the audit.

Proposed Timescale:

1. 16/12/2016 (Completed)
2. 30/01/2017

Proposed Timescale: 30/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing arrangements in the house required review to ensure that social activities where requested could be supported on an individualised basis.

3. 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:

1. The Registered Provider and Person in Charge have reviewed the current roster format.
2. The Registered Provider and the Person in Charge have determined a 156hrs over 4 Weeks roster will better meet the assessed needs of residents.
3. The Person in Charge and Social Care Leader will meet with staff team to discuss the new roster
4. This new roster will allow for additional staff in the evenings to provide opportunities to residents with evening activities/outings.

Proposed Timescale:

1. 16/12/2016 (completed)
2. 19/12/2016 (completed)
3. 03/01/2017
4. 30/01/2017

Proposed Timescale: 30/01/2017

