

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Artane
Centre ID:	OSV-0002351
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 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 April 2017 10:00 To: 27 April 2017 18:35

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with all six residents who lived in the centre, and with three staff members, the person in charge, and her line manager. The residents told the inspector that they enjoyed their lives, living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time and that they had plenty of involvement in the local community. They also said that they enjoyed their meals in the centre, as they were involved in choosing their meals and shopping for food.

Description of the service:

The centre was comprised of a house in a suburb of a town, and was within easy reach of shops, restaurants, banks, cinemas, churches, public transport and other amenities. The centre provided a residential service to six male and female adults

with an intellectual disability, one of whom may also have a physical disability.

Overall judgment of findings:

Of the nine outcomes inspected, six were in compliance with the regulations and one was substantially compliant. Two outcomes were moderately non-compliant and there were no major non-compliances.

Residents received a good level of health and social care. They had interesting things to do during the day, and were also supported by staff to integrate in the local community. Residents' healthcare needs were well met and there were measures in place to safeguard them from any form of abuse. The centre was suitably staffed to meet the needs of residents.

While there were health and safety measures in place, improvement to risk management was required. Improvement was also required to some of the information in the directory of residents, and to access to some required documents. Minor improvement was required to the recording of some social care information.

The centre was well maintained, comfortable and suitably furnished and met the needs of residents using the service. Since the last inspection, most issues identified in the inspection report had been suitably addressed.

The provider had a clear governance system for the management of the centre, and auditing was being carried out to review and improve the quality and safety of the service.

Findings from the inspection and actions required are outlined in the body of the report and 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 residents had opportunities to participate in activities, appropriate to their individual assessed interests.

The arrangements to meet each resident's assessed social and personal needs were set out in individual personal plans. These plans had been developed at annual personal planning meetings, and considered the residents past and current interests. Residents, if they so chose, key workers, family members and the person in charge, attended these planning meetings. The inspector found that the plans were person-centred and focussed on improving the quality of residents' lives.

Residents' individual goals were identified and the person in charge ensured that support was provided to meet these goals. There were records to indicate, and residents confirmed that, their goals from the previous year had been addressed. However, some social care plans were not recorded in sufficient detail to guide practice, and did not reflect the understanding of residents' social care needs as demonstrated by staff.

This was a home based service, and residents had the choice of attending day services, remaining in the centre or going out in the local community as they chose. There was evidence that residents had involvement in a range of activities in the centre, the day service and the local area. Residents who met with the inspector confirmed this. Activities taking place in, and from, the centre included bowling, concerts and cinema, eating out or going for a drink, visiting family and friends, walking and outings. There were also magazines, television and DVDs supplied to residents in the centre. Residents were also involved in their own personal affairs, such as banking, personal shopping,

housekeeping and laundry, cooking, and going to the post office as required. Some residents had jobs in the local area.

Judgment:

Substantially 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):

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

Findings:

The design and layout of the centre was suitable for its stated purpose.

During the last inspection of this centre, it was found to be clean, comfortable and well maintained, and this standard continued to be evident.

The centre comprised a two-storey house in a residential area. There was adequate communal and private accommodation for residents and there was a secure garden to the rear of the house. One section of the centre was comprised of a separate unit, which could provide additional privacy for a resident as required. Each resident had his or her own bedroom. Bedrooms were suitably decorated and residents had personalised their rooms. A bathroom on the ground floor was fitted with an assisted bath and there were sufficient additional bathrooms available.

There was a well-equipped kitchen with dining space and two sitting rooms in the house. The communal rooms were bright, well furnished.

During the last inspection of this centre in January 2015, the inspector had found that some of the residential accommodation was not suitable for residents' needs, and this had been addressed. Use of some rooms in the house had been changed to provide a larger bedroom for a resident. Part of the centre had been redecorated and repainted to provide more comfortable, person-centred accommodation for a resident.

There were laundry facilities provided and residents could do their own laundry, if they wished to.

Suitable arrangements for the disposal of general waste were in place. There was a contract with an external company for the supply of bins and removal of refuse from the

centre. No clinical waste was being generated.

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):

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

Findings:

There were systems in place to protect the health and safety of residents, visitors and staff. However, some improvement to risk management was required.

There was a health and safety statement, a risk management policy and risk register which identified measures in place to control identified risks. In addition to environmental risks, personal risks specific to residents had been identified and control measures documented in residents' personal plans. While the centre was generally safe, there was a risk related to a bedroom door being kept open at night, at a resident's request, noted during the inspection. This risk was not included in the risk register, although the person in charge was very aware of the immediate action to be taken to control this risk if required.

The inspector reviewed fire safety procedures. The provider had introduced measures for the containment of fire. The inspector found that fire resistant doors were provided to residents' bedrooms, and that these doors closed automatically. At the time of inspection all exit doors were free from obstruction and guidance on evacuation of the building was displayed.

The organisation's fire safety officer carried out annual fire safety checks in the centre. However, there was insufficient evidence to indicate that controls or corrective measures had been introduced in respect of all identified fire safety risks. The inspector read the most recent report which had been completed in September 2016. While the report identified some fire safety risks, there was no record of a plan or timeframes to address these risks.

All staff had received formal fire safety training. Fire drills were being completed six times each year, which was recommended within the organisation, including two fire drills at night. Records of fire drills were kept and included information such as the total time taken to evacuate the centre. Records indicated that all evacuations, including the night evacuations, had been completed in a timely manner. The person in charge planned fire drills to ensure that each staff member had the opportunity to take part.

The inspector spoke with some residents who confirmed that they had participated in fire drills. They stated that the fire alarm would awaken them at night and they explained how they would evacuate the building.

There were up-to-date servicing records that indicated that fire extinguishers, emergency lighting, the central heating boiler, and the fire alarm system had been suitably serviced. Systems were also in place for frequent checking of escape routes, fire alarms, fire extinguishers and emergency lighting. There was also a quarterly health and safety audit carried out in the centre. During the last inspection of this centre in January 2015 it was found that improvement to placing and servicing of emergency lighting was required. On this inspection this had been addressed. Additional emergency lighting had been provided in one area of the centre, and there were records to confirm that emergency lighting was being regularly checked and serviced.

There were emergency plans which provided clear guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation.

All staff had received up to date training in moving and handling.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents from being harmed or abused.

There was a policy on adult safeguarding, and a training schedule which ensured that all staff had attended safeguarding training.

The person in charge was knowledgeable regarding her responsibilities in relation to adult protection, and was clear on how she would respond to any allegation or suspicion of abuse. There was designated safeguarding officer, whose contact details were

displayed. There was a confidential recipient available to support residents, whose picture and contact details were also clearly displayed.

Residents confirmed to the inspector that they were well supported by staff, felt safe living in the centre, and knew who to speak to if they had any concerns.

The inspector observed staff interacting with residents in a respectful and friendly manner. Intimate care plans had been developed for each resident to guide staff in the safe and appropriate delivery of intimate care.

While there were no residents in the centre with significant behaviours that challenged, there were suitable supports in place to support residents' emotional and psychological needs. For example, the service of a multidisciplinary team, including psychology and psychiatry services, was available to support residents and to guide staff, and there was a policy on responding to behaviours that challenge. The inspector viewed some plans which had been developed for the emotional support of residents and found that they were detailed, informative and person-centred.

There were no residents using bed rails or any other form of physical restraint. Chemical restraint was not being used for behaviour management in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met and they had access to appropriate medical and health care services.

All residents had access to their own general practitioners (GPs) of choice, and had attended annual medical checks. There was a medical officer employed by the organisation, to provide additional medical support as required. Residents also had access to a range of health care professionals in the organisation. These included a psychologist, psychiatrist, speech and language therapist, an occupational therapist, a dietician, and a physiotherapist. Residents had also had regular appointments with dentists, opticians and podiatrists. Records of healthcare consultations were retained.

At the time of inspection, residents in this centre were generally well and had good physical health. There were no residents with diabetes, coeliac disease, weight management issues, or epilepsy. There were no residents with dementia or requiring end of life care. None of the residents had wounds or pressure ulcers.

The inspector found that residents' nutritional needs were well-monitored and monthly weights were recorded for all residents. A resident required a modified consistency diet and this was being supplied in line with the requirements of the speech and language therapist.

All residents were supported and encouraged by staff to eat healthy balanced diets and participate in exercise, such as walking, swimming and exercise classes. Residents had unlimited access to the kitchen, and were involved in meal planning.

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):

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

Findings:

There were safe medication management practices in place in the centre. During the last inspection of this centre in January 2015, the inspector had identified some issues that required improvement, and these had been addressed.

The inspector reviewed a sample of prescription and administration records and noted that the information required to guide staff in safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medications were clearly recorded. The maximum dosages of p.r.n. (as required) medications were prescribed with clear guidance on administration. Where medication was required to be administered crushed, it had been prescribed as such. There were colour photographs of each resident available to verify identity, if required.

There were appropriate systems for the ordering, storage and return of medication. All medication was securely stored in a locked cabinet, in which unused and out-of-date medication was sufficiently segregated from other current medication prior to its return to the pharmacy.

There was a medication management policy to guide staff. Training records indicated that all staff who were involved in administration of medication had received training to do this safely.

Self administration assessments had been carried out for all residents, and where appropriate, had been implemented.

During the last inspection, the inspector found that improvement was required to the medication policy, staff training and management of medication errors. On this inspection, the inspector found that improvements had been put in place to address these issues. For example, the medication policy had been reviewed to provide guidance of the use of the current medication system, staff had received additional training, and the process for addressing medication errors had been reviewed and strengthened.

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):

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

Findings:

The provider had established a suitable management structure to ensure delivery of suitable care and support to residents.

There was a clearly defined management structure that identified the lines of authority and accountability, and there were systems in place to review and improve the quality of service. During the previous inspection in January 2015, improvement to the hours of the person in charge, and submission of required registration documentation required improvement, and these had been addressed.

The person in charge was suitably skilled to manage the centre. She was knowledgeable about the requirements of the regulations, had a good overview of the support needs and personal plans of residents, and was clear about her role and responsibilities.

Both the person in charge, and staff who met with the inspector in the centre, knew the

care needs of residents and demonstrated a commitment to improving the service offered to these residents.

There were systems in place for monitoring the quality and safety of care. Accidents and incidents were recorded and kept under review by the person in charge for the purpose of identifying trends. However, the number of incidents was low and there were no trends emerging. There was also a system for the review of complaints, although there had been no complaints made in, or about, the centre. Monthly medication counts were carried out by staff, as well as quarterly medication audits. The inspector reviewed samples of these audits, and found that both showed high levels of compliance.

Managers of other services in the organisation carried out unannounced visits to the centre every six months to review various aspects of the quality and safety of the service. Findings from these audits were communicated to the person in charge. There had been no actions arising from the most recent audit. An annual review of the quality of the service had also been undertaken.

During the last inspection, the inspector found that the person in charge did not have sufficient management time allocated to enable her to complete all her management roles. Since then, the person in charge's hours dedicated to management functions had been suitably adjusted. At the time of the last inspection, it was also found that some documents required for the registration process had not been supplied to HIQA, and this had been addressed shortly after the inspection.

Judgment:
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):

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, at the time of inspection. During the last inspection of this centre in January 2015, improvements to staffing levels, staff training and staff supervision were required, and these had been addressed.

The person in charge maintained a planned and actual staffing roster, which reflected staffing at the time of inspection.

Staff accompanied residents who required support, when they wanted to do things in the local community such as going shopping, to concerts, for medical appointments, or to do personal business such as banking. Staff were always present when residents were in the centre, including at night time. Separate staff supported residents who attended day services. During the last inspection of this centre the inspector found that there were times when staff were not present in the centre to support residents, and this had now been addressed. Staffing levels had been adjusted and increased to ensure that staff were working in the centre every day of the week.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly comfortable in the company of staff and they told the inspector that staff cared for, and supported, them very well.

Staff training had been organised as required. Training records confirmed that all staff had received mandatory training in fire safety, safeguarding, and manual handling, in addition to behaviour management training. Staff had also received training including safe medication administration and food safety. The need for additional food safety and medication for staff had been identified at the last inspection and this had been addressed.

Staff supervision was found to be inadequate during the last inspection, and this had been addressed. The person in charge carried out planned supervision meetings with staff every two months.

Staff recruitment was not examined during this inspection.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome was not examined in full at this inspection, although the actions required from the previous inspection were reviewed.

Overall, the inspector found that the records required by the regulations were maintained in the centre, although some improvement was required to directory of residents, and retrieval of records.

During the course of the inspection, a range of documents, such as medication records, health and social care documentation, health and safety information, and operational policies were viewed, and were found to be suitable.

During the last inspection of the centre in January 2015, the inspector found that the directory of residents required improvement. Since then this had been largely addressed, but improvement to one aspect of the directory was still required. Although most of the required information was being recorded, the name and address of the authority, organisation or other body, which arranged each resident's admission to the centre was not being recorded.

The storage of documents also required improvement as some records requested during the inspection were not readily available to view.

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:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002351
Date of Inspection:	27 April 2017
Date of response:	29 May 2017

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 05: Social Care Needs

Theme: Effective Services

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

Some social care plans were not recorded in sufficient detail to guide practice.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

There has been a full review of residents social care plans and a tracker in place to reflect timelines in the development and achievement of their goals

Proposed Timescale: 30/04/2017

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 was a risk identified for which no controls had been recorded to guide all staff.

2. Action Required:

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

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

A risk assessment has been completed and the risk has been reflected on the risk register

Staff guidelines have been review and controls are now in place to ensure the risk is managed

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

There was insufficient evidence to indicate that controls or corrective measures had been introduced in respect of all fire safety risks identified during an audit. There was no record of a plan or timeframes to address these risks.

3. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Technical Services review environmental actions to determine, Whether it falls under the maintenance remit and if so an event to address the issue is set up on their facilities management system.

If not the required works are assessed and costed for inclusion on a capital expenditure list. Once it has been included on a capital expenditure list it is also added to an organisational fire risk register. This is a systematic risk based approach to addressing environmental fire actions arising in the fire feedback reports.

Once funding allocation has been given, programs of work are developed year to year and actions for completion are agreed.

Proposed Timescale: 30/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The name and address of the authority, organisation or other body, which arranged each resident's admission to the designated was not being recorded.

4. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The resident directory has been reviewed and now reflects the organisational body and admission date.

Proposed Timescale: 30/04/2017

Theme: Use of Information

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

Some records requested during the inspection could not be provided in a timely manner.

5. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

Documentation not available on the date of inspection will now be held on the designated centre in a locked drawer for ease of retrieval.

Proposed Timescale: 30/04/2017