Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A Middle Third
Centre ID:	OSV-0002360
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:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
15 March 2017 08:25	15 March 2017 19:20

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Backround to the inspection.
This was the fourth inspection of the designated centre. The centre had previously been inspected in April 2015. The purpose of this inspection was to monitor ongoing regulatory compliance following the receipt of a notification by the Health Information and Quality Authority. Five outcomes were inspected against during this inspection.

Description of the centre.
The centre comprised of one house in a community setting. The centre was close to a suburban village and had public transport as well as a centre bus available. There were four residents living in the centre on the day of inspection and one vacancy.

How the inspector gathered evidence.
The inspection took place over one day and was facilitated by a service manager (person participating in management). The inspector spoke to four staff members and observed practices such as the provision of care and the interactions with residents and staff on their return from day services. The inspector spoke with one resident in relation to their upcoming social plans. Documentation such as personal plans, fire safety records, staff training records, staff roster, risk management plans, complaint records, and audits were also reviewed as part of this inspection.

Overall judgement of findings.
One major non-compliance was identified in Outcome 8, safeguarding and safety.

The inspector found appropriate measures were not in place to ensure residents were adequately safeguarded.

Three moderate non compliances were identified in the following outcomes;
- Outcome 7 - relating to infection control measures, staff knowledge on fire evacuation procedures, incident management and the emergency plan,
- Outcome 14 - relating to ineffective management systems to ensure the needs of residents were met.
- Outcome 17 - relating to insufficient staffing levels at night time.

Good practice was identified in the management of complaints.

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found complaints were overall well managed.

The inspector reviewed records of complaints in the centre and found complaints had been well managed. Records were maintained and confirmed complainants were satisfied with the outcome of complaints. One complaint was in progress in line with the centre policy and the service manager outlined the actions taken to date to respond to this complaint.

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:

The inspector found the health and safety of residents, visitors and staff was not consistently promoted. Improvements were required in infection control procedures, the follow up to incidents and audits, emergency planning and some fire safety systems.

Satisfactory precautions were not in place for the prevention and control of infection. There was a small utility room, and a laundry basket placed in front of a sink required staff to reach over in order to access these handwashing facilities. In addition, a soiled duster was stored up against the sink and paper towel dispenser. A build - up of mould was observed on the wall in the main sittingroom. Elsewhere in the centre appropriate handwashing facilities were provided, as well as personal protective equipment such as disposable gloves.

The inspector reviewed records of incidents in the centre however, it was not consistently clear the follow up actions taken post incidents in order to inform practice and prevent reoccurrence. There was a risk management policy in place in the centre. A risk register was developed and had recently been updated in accordance with identified risks. Individual risk management plans were developed, for example, slips, trips and falls, and specific behavioural presentations. Site specific risk management plans were also developed and plans outlined the control measures in place to mitigate the identified risks.

An emergency plan was developed for adverse incidents such as loss of water, gas leak or loss of heating however, this plan did not outline the alternative accommodation arrangements in the event the centre could not be occupied.

A monthly health and safety checklist was completed by the person in charge and actions were developed for issues identified. Some actions were completed however, this was not consistent. For example, food safety hygiene checks had been identified as an issue, and this was to be followed up at the next staff meeting however, there was no evidence this had been completed.

Suitable fire equipment had been provided and outstanding works identified during the last inspection in relation to upgrading of fire equipment had been completed. All fire equipment had been recently serviced. Each resident had a personal emergency evacuation plan developed which had included assessing residents' support requirements in the event of a fire. Where required, assistive equipment had been provided to aid evacuation of residents, for example, ski pads and a visual fire alert.

There was no centre specific plan outlining the procedure in the event of a fire. This was subsequently developed and submitted to the Health Information and Quality Authority (HIQA) post inspection. The inspector spoke to staff members however a staff member was not knowledgeable on the residents' support requirements and the plan to evacuate residents in the event of a fire. This staff had not received any instruction on the evacuation procedures in the centre. Staff had received training in fire safety.

The inspectors reviewed a record of fire drills in the centre however, evidence was not consistently available to confirm the actions required in response to identified issues were carried out. Fire drills had been completed in a timely manner. Fire safety checks were completed on a daily and monthly basis and included checking of evacuation

routes, emergency lighting and fire equipment and records confirmed issues identified were followed up with all actions completed on the day of inspection.

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:
The inspectors found appropriate measures were not in place to ensure residents were safeguarded. A recent safeguarding plan had not been implemented in full in order to ensure all residents were protected. Appropriate support was not provided to meet some residents' emotional wellbeing and to reduce the impact of some behaviours of concern on residents residing in the centre.

The inspector reviewed records pertaining to a recent reported safeguarding concern and also spoke to two staff members on duty, and the service manager, in relation to the concern and the measures which had been implemented since the reported incident. The inspector found most of the measures that were outlined in the safeguarding plan following this concern had not been implemented in order to prevent reoccurrence. For example, the safeguarding plan identified teaching strategies would be developed and staff would provide coaching on coping to the resident however, staff outlined no additional teaching strategies or coaching had been introduced. In addition, a recommendation that the staffing roster be reviewed had not progressed in a timely manner. It was recommended additional staff be introduced at night time, so as to ensure residents were protected and known triggers were reduced. The safeguarding plan specified these measures should be implemented immediately. Two measures had been introduced including a change in supervision arrangements at some identified times and a recommended piece of equipment had been provided.

The inspector found appropriate supports had not been provided to support a resident's emotional needs and the impact of their behaviour on other residents had not been reviewed and responded to accordingly by the provider. The inspector reviewed monitoring records for three residents and spoke to two staff members on duty. The

inspector found the behaviour of one resident had impacted on the wellbeing of other residents for a considerable length of time. In addition, this resident was exposed to a known trigger. This issue had been highlighted to the provider on a number of occasions in the preceding months however, it was not evident on the day of inspection the action that had been taken.

Behaviour support plans had been developed where required, and identified the behaviour of concern as well as the preventative and reactive strategies to support residents. However, the inspector found the guidance in a plan on when to record behaviours was not specific enough to guide practice. In addition, the inspector found monitoring records of behaviours were not complete or were inaccurately recorded.

Most staff had received training in safeguarding however one staff member had not been provided with this training. Confirmation was subsequently received from the service manager post inspection to confirm this training would be provided in the coming weeks. Some improvement was required to ensure staff were knowledgeable on the types of abuse. Staff were knowledgeable on the actions to take in the event of an allegation, suspicion or disclosure of abuse.

The inspector reviewed an environmental restrictive practice and found staff were not consistent in the rationale for the use of this practice. This practice was not applied in accordance with best practice, was not subject to regular review, and there was no plan in place to try to reduce this practice.

Intimate care plans had been developed and were detailed, guiding the practice in the promotion of privacy, dignity and personal preferences of residents.

Judgment:
Non Compliant - Major

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 inspector found the management systems had not ensured the service provided

was appropriate to residents' needs and some of the monitoring systems in place had not ensured responsive action was taken to identified issues.

Issues identified during this inspection in relation to safeguarding and safety had been highlighted to the provider as far back as July 2016 however, the inspector found responsive action had not been taken to address these issues. In addition, the provider had not implemented some of the safeguarding plan, to mitigate the risks associated a recent reported safeguarding concern.

There was a defined management structure. Staff reported to the person in charge and in their absence a clinical nurse manager 1. The person in charge reported to a service manager (person participating in management) who in turn reported to the director of adult services. There were monthly staff meeting held however, as previously stated it was not consistently evident that those issues identified during some audits, as requiring follow up at these meetings were discussed as planned.

An annual review of the quality and safety of care and support had recently been completed for the year ending December 2016.The views of residents and relatives were sought as part of this review.

Six monthly unannounced visits had been completed by the service manager on behalf of the provider with reports produced on the quality and safety of care and support. The inspector reviewed all reports since the last inspection and action plans had been developed to identified issues.

A new person in charge had been appointed approximately one month prior to the inspection and was interviewed in the HIQA offices post inspection. The person in charge was knowledgeable on the regulations and their statutory responsibilities. Evidence was not provided to HIQA to confirm the person in charge had an appropriate qualification in health or social care management.
The person in charge was employed on a full time basis in the centre and had 39 hours protected time to fulfil their duties.

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

Findings:
The inspector found the staffing arrangement required review in order to ensure the needs and wellbeing of residents were met.

The inspector reviewed staffing rosters in the centre. Planned and actual rosters were maintained in the centre and it was evident there were consistent staff provided. There was one vacancy for a part time nurse on the day of inspection and the inspector found regular relief and agency staff were employed to fill this and other vacancies which arose due to planned and unplanned absences.

While appropriate levels of staff were available during the day time, the identified need for an additional waking night time staff had not been provided up to the day of inspection resulting in reduced outcomes for some residents. The inspector acknowledged that a roster template had been developed to identify the required increase in staffing at night time.

The centre was staffed by nurses, care staff and social care workers.
The inspector reviewed a sample of three staff training records and found staff had received most mandatory training, with the exception of safeguarding training for one staff member.

Supervision arrangements were discussed with the person in charge post inspection with a plan in place to facilitate supervision on a six to eight weekly basis.

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:

Caroline Vahey
Inspector of Social Services
Regulation Directorate

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002360
Date of Inspection:	15 March 2017
Date of response:	03 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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedure in place to respond to emergencies did not outline the arrangement for alternative accommodation should it be required.

1. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

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 procedure in place to respond to emergencies has been reviewed and appropriate alternative accommodation has been identified.
• The emergency procedure has been updated with this information and is available for review.

Proposed Timescale: 03/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adverse incidents involving residents were not consistently followed up in order to inform practice and prevent reoccurrence.

2. Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
• All adverse incidents involving residents are now followed up by relevant members of the allied healthcare team and PIC to inform practice and prevent reoccurrence.
• All adverse incidents involving residents are risk assessed/ reviewed to ensure controls are adequate
• All adverse incidents are discussed at staff team meetings to ensure learning and prevent reoccurrence.
• Records/ minutes are kept of staff meetings and available for review.

Proposed Timescale: 03/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate precautions were not in place for the prevention and control of infection.

3. 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:

• The PIC has been in contact with the technical services department in relation to removal of mould and mildew in the living room behind the couch. Advice will also be sought on how to prevent a reoccurrence of the mould and mildew in this area.
• The laundry baskets in the utility room are not placed directly in front of the hand washing facilities and the soiled duster in the utility room has been disposed of.

Proposed Timescale: 03/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills required improvement to ensure the action identified to issues during fire drills were implemented.

4. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
• All permanent staff in the centre have received refresher fire safety training on 20/04/2017
• All actions arising from fire drills are followed up/ referred to the relevant parties/ completed in a timely manner.
• Fire prevention safety will remain a standing item on staff team meeting agenda's, to ensure learning and the safety and wellbeing of all stakeholders.
• Minutes are kept of all staff meetings and are available for review

Proposed Timescale: 03/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff were not knowledgeable on the evacuation procedures in the centre and had not received instruction on the evacuation procedures in the centre.

5. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
• All permanent staff in the centre have received refresher fire safety training on 20/04/2017

• All transient staff (agency and relief) will receive handover of all mandatory information including evacuation procedures, from a regular and experienced member of staff.
• Records will be maintained of handovers and be available for review.

Proposed Timescale: 03/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An environmental restrictive procedure was not subject to regular review, there was no plan in place to reduce this practice and staff were not consistent in the rationale for the use of this practice.

6. 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:
• All restrictive practices in place in the centre have now clear plans in place to ensure they are reviewed regularly and reduced/ removed if possible.
• All restrictive practices which cannot be removed have been referred to the positive approaches monitoring committee to ensure they are fit for purpose. Meeting with the positive approaches team scheduled 26/4/17 to reduce/review current restrictions.
• Restrictive practices remain a standing item on staff team meeting agenda's, to ensure learning and the safety and wellbeing of all residents.
• Minutes are kept of all staff meetings and be available for review.

Proposed Timescale: 26/04/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The guidance on monitoring of some behaviours was not specific enough to guide practice and complete records were not maintained.

7. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

• All positive behavioural support guidelines have been reviewed by the relevant members of the allied healthcare team to ensure they adequately guide practice, in order to ensure a positive outcome for residents.
• Records are now kept consistently and comprehensively to ensure an effective transfer of information to inform practice.
• All staff whether regular or transient are made aware of the importance of accurate record keeping to ensure the best possible outcome for the resident, through staff team meeting (05/04/17)/ Individual support meetings/ handover information/ clinical contact sheets.

Proposed Timescale: 03/05/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required in some staff members knowledge on the types of abuse.

8. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
• All staff have now received appropriate safe guarding training as of 08/04/17.
• An organisational plan for refresher in safe guarding training is also in place

Proposed Timescale: 08/04/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate action had not been taken in response to a safeguarding concern and some of the measures outlined in a safeguarding plan had not been implemented.

Appropriate support had not been provided to ensure the impact of behaviours of concern on residents were minimised and to ensure a resident was not exposed to known triggers.

9. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
• All measures outlined in the safe guarding plan have now been implemented and are

either complete or in process.
• This plan is reviewed monthly to ensure its effectiveness.
• Appropriate supports have been put in place to ensure the impact of behaviours of concern on residents are managed and minimised as much as possible.
• Supports are in place to ensure residents are not exposed to known triggers

Proposed Timescale: 30/05/2017

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:
Evidence was not provided to confirm the person in charge had an appropriate qualification in health or social care management.

10. Action Required:
Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

Please state the actions you have taken or are planning to take:
• The current identified Person in Charge has the appropriate qualification in health management.

Proposed Timescale: 03/05/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management system in place had not ensured the service provided was appropriate residents' needs and responsive action had not been taken to identified issues.

11. 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:
• All measures outlined in the safe guarding plan have now been implemented and are either complete or in process.
• Management systems in the centre have been reviewed to ensure they are effective and fit for purpose.

Proposed Timescale: 03/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staffing levels at night time required review to ensure the identified needs of residents were met.

12. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
• The staffing levels at night time have been reviewed. additional support are now in place

Proposed Timescale: 18/04/2017