

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rea Services
Centre ID:	OSV-0005029
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Stevan Orme
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 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: 04 July 2017 09:00 To: 04 July 2017 17:35

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

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
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 an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 20 and 21 January 2016. The designated centre was part of the service provided by the Brothers of Charity Services Ireland in Galway. The centre provided a full-time seven day residential service to adults with a disability.

How we gathered our evidence:

During the inspection the inspector met with the five residents and three staff members. Residents told the inspector that they liked the staff that supported them and living at the centre. Throughout the inspection, the inspector observed residents being supported in a respectful and dignified manner which reflected their assessed needs.

As part of the inspection, the inspector met with the centre's person in charge and found them to be suitably qualified and knowledgeable on both the needs of residents and their requirements under regulation. In addition, the inspector

reviewed documentation such as residents' personal plans, health records, and risk assessments, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations; the inspector found that the service was being provided as it was described. The centre comprised of a two houses located in close proximity to each other in a rural setting. The centre's two houses were each split into separate resident apartments, with each apartment consisting of a bedroom, sitting room, kitchenette and bathroom facilities. In addition, each house included an office and sleep over facilities for staff. Although not located close to local community amenities each house had access to its own transportation.

Overall Findings:

The inspector found that governance and management arrangements at the centre ensured that residents received a good quality of support which reflected their assessed needs. Residents had access to a range of home and community-based activities which reflected their choices and preferences and were supported to achieve personal goals. The inspector found that residents were supported by a suitably trained and knowledgeable staff team, who provided consistent support in-line with personal plans, risk assessments and behaviour support plans.

The inspector found that the centre had addressed findings from the previous inspection report within agreed timeframes and was in the process of reviewing its management structure to ensure ongoing good quality care services. However, during the course of the inspection the inspector found areas for improvement in relation to the centre's fire safety arrangements and the maintenance of residents' records.

Summary of regulatory compliance:

The centre was inspected against ten outcomes. The inspector found moderate non-compliance in two outcomes which related to resident records and fire safety arrangements. Substantial compliance was found in two outcomes in regards to staff training and the centre's statement of purpose. The inspector found compliance in six outcomes during the inspection.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included 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 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that resident's communication needs were met at the centre.

The inspector did not look at all aspects of this outcome and focused on actions taken to address the findings of the previous inspection at the centre. The previous inspection had found that personal plans sampled did not provide sufficient detail on how residents' communication needs were met.

The inspector found that following the previous inspection, residents' communication needs had been assessed by a speech and language therapist and communication passports had been developed in-line with their recommendations. Furthermore, the inspector found that staff were aware of the residents' communication needs and were observed to be communicating with residents, in line with their communication passports.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

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

No actions were required from the previous inspection.

Findings:

The inspector found that personal plans reflected residents' assessed needs and supported them to achieve personal goals, however not all personal plans recorded whether they had been subject to an annual review.

The inspector reviewed residents' personal plans and found that they reflected residents' needs and included multi-disciplinary input such as psychologists and speech and language therapists. Residents' needs such as independent living skills, communication, personal care needs and daily activities were outlined in their plans. Furthermore, personal plans were available to residents in an accessible version.

However, the inspector found that although personal plans reflected residents' needs and reflected staff knowledge, not all plans and associated assessments; such as healthcare plans, recorded whether that they had been reviewed annually.

The inspector found that residents had participated in their annual 'Personal Outcome Plan Meeting' with staff and had identified goals they wished to achieve. Goals were comprehensive in nature and reflected both residents' wishes to develop independent living skills and engage in social activities of their choice such as holidays and sporting activities. Documents reviewed showed that goals were broken down in to achievable steps for the resident and included staff supports; however, not all goals recorded an expected date for their achievement.

Activity records reviewed by the inspector showed that residents were supported to access a wide range of activities both at the centre and in the local community. The inspector found that activities reflected residents' annual goals and personal preferences.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that although residents were protected from risk, the centre's fire safety arrangements required review to ensure they met residents' needs.

The centre maintained an up-to-date safety statement and risk register for both houses within the centre. The inspector found that both centre and residents' risk assessments were reviewed regularly and reflected staff knowledge and observed practices.

The inspector reviewed accident and incident records and found that agreed actions and learning from these events were reflected in residents' personal plans, behaviour support plans and risk assessments as well as staff knowledge.

Fire equipment was regularly checked by staff and serviced by an external contractor and included fire alarms, emergency lighting, call points, fire exit signage, key break glasses and fire extinguishers in both houses. However, although fire doors were installed in both houses, the inspector observed in one house that some fire doors had been wedged open.

The inspector found that simulated evacuation drills had been carried out in both houses and that residents' person emergency evacuation plans (PEEPs) were up-to-date and reflected staff knowledge. However, in one house only one drill had occurred using minimum staffing levels in the last six months. In addition, the inspector noted that one resident's support needs in the event of an evacuation had increased, and found no evidence that a fire drill had been conducted; using minimal staffing conditions, to assess whether current fire drill arrangements were still effective in light of this change.

The centre's evacuation plan was displayed prominently throughout the centre's houses along with an accessible version for residents. The inspector found that staff knowledge reflected the centre's evacuation plan and staff had received up-to-date fire safety training.

The inspector further reviewed training records and found that, although scheduled, not all staff had received up-to-date manual handling training.

In both of the centre's houses, the inspector observed infection control information displayed and the availability of hand sanitisers and protective gloves and aprons. Furthermore, staff knowledge on infection control reflected both residents' assessed needs and the provider's policy.

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):

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

Findings:

The inspector found that residents were protected from harm and abuse, although not all staff had positive behaviour management training.

The inspector observed that residents were supported in a respectful and dignified manner by staff. Residents told the inspector that they liked the staff and appeared comfortable and happy with the support they received.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse. All staff had received up-to-date safeguarding of vulnerable adults training.

The inspector found that safeguarding concerns were reflected in residents' personal plans, risk assessments and behaviour support plans and were reviewed regularly by the person in charge and centre's designated safeguarding officer. Furthermore, the inspector found that staff awareness and practice on the day of inspection was in line with the residents' safeguarding plans. The inspector observed that information was prominently displayed throughout the centre on how to raise a safeguarding concern, along with the contact details and photograph of the provider's designated safeguarding officer.

The centre's previous inspection had identified the need for more robust arrangements to be in place to protect residents from the risk of financial abuse. The inspector found that the provider's policy on residents' finances had been reviewed and included arrangements to further ensure residents were protected. For example, spending over an agreed level was reviewed by the provider's 'Personal expenditure governance committee' prior to its occurrence in order to safeguard residents from financial abuse. In addition, following the previous inspection further information on additional charges at the centre was now included in residents' written agreements.

The inspector sampled residents' behaviour support plans, which were developed in conjunction with the provider's senior clinical psychologist and regularly reviewed. Behaviour support plans included descriptions of residents' behaviours of concern as well as proactive and reactive support strategies. The inspector found that although staff knowledge and observed practices reflected resident's behaviour support plans, not all staff had received positive behaviour management training at the centre.

The inspector reviewed restrictive practices at the centre such as door sensors and community staff supervision and found that they were regularly reviewed by the

provider's Human Rights Committee and included clear rationales for their use.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre ensured that residents were supported to manage their health.

The inspector reviewed healthcare records and found that residents in-line with their needs had access to a range of allied healthcare professionals including general practitioners, psychiatrists, hospital consultants, chiropodists and dentists. The inspector found that residents' healthcare plans reflected both staff knowledge and observed practices on the day of inspection.

Food records maintained at the centre showed that residents had access to varied and nutritious meals, which also reflected their personal preferences. The inspector found that although meals were cooked in the house's communal kitchen, residents had access to a range of foodstuffs such as breakfast cereals, drinks and snacks in their individual apartments.

Residents told the inspector that they were involved in preparing meals at the centre subject to their abilities, which was reflected in discussions with staff and individuals' personal plans.

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:

The inspector found that the provider had addressed the previous inspection's findings. The centre's medication management arrangements reflected the organisation's policies and procedures.

The previous inspection had found that medication management arrangements at the centre were not in-line with the provider's policy. The inspector found that following the inspection these arrangements had been reviewed and actions put in place to ensure compliance with organisational policy.

The inspector found that residents' medication administration records reflected prescription records maintained at the centre. In addition, medication administration records included residents' personal information alongside information on the method of administering all medications, prescribed times and dosage.

Medication was given by staff at the centre that had completed 'Safe Administration of Medication' training and the names of all staff administering medication were recorded in a signature bank included with the medication records.

The inspector found that medication was securely stored in the centre, with out-of-date medication being segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, which was confirmed by staff and the records reviewed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre's statement of purpose did not contain all information required by Schedule 1

of the regulations.

The previous inspection had found that the centre's statement of purpose did not contain all information required under Schedule 1 of the regulations. The centre's statement of purpose had been reviewed following the previous inspection and the inspector found that the document reflected the services and facilities provided at the centre; however it did not contain information on supports available to residents to access education, training and employment.

Judgment:

Substantially 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 inspector found that management systems in place at the centre ensured that residents received a safe and quality care service in-line with their assessed needs.

The centre's previous inspection had found that the person in charge did not have sufficient administration hours to undertake their role. The inspector found that protected administration hours for the person in charge were incorporated into the centre's budget. Furthermore, since the previous inspection, the provider had reviewed management structures at the centre and proposed to increase the number of team leaders in the centre from one to two, which would ensure a team leader was based in each house to further support the person in charge.

The inspector found that the current management structure reflected the centre's statement of purpose. The person in charge was full-time and suitably qualified and aware of residents' needs. Team Meeting minutes and staff discussions confirmed that the person in charge regularly visited the centre. Staff told the inspector that they found the person in charge and other people participating in the centre's management to be approachable and supportive. In addition, staff told the inspector that they would have no reservations in raising concerns about the centre with the person in charge.

The inspector found regular team meetings were facilitated by the person in charge and in their absence by people participating in the centre's management. Meeting minutes showed discussion on residents' needs, organisational policies and training needs. In addition, the inspector was told that the provider was in the process of introducing arrangements for the formal supervision of staff. Current arrangements involved the formal supervision of team leaders by the person in charge, with the intention that once suitably trained the centre's team leaders would provide formal supervision to the centre's other staff.

The inspector found that both six monthly unannounced provider visits and annual reviews into the quality of care and support provided at the centre had been completed and were available at the centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' assessed needs were supported by appropriate numbers of suitably qualified and trained staff.

The inspector found the centre had both a planned and actual roster which reflected staffing arrangements on the day of inspection and staff knowledge.

Furthermore, the inspector reviewed activity records and found that staffing at the centre enabled residents to access a range of activities both at home and in the local community which reflected personal plans sampled. In addition, staffing levels reflected risk assessments which related to both the centre and residents' assessed needs. Throughout the inspection, the inspector observed residents being supported in both a respectful and timely manner by staff.

The inspector reviewed staff training records and found that staff had access to training in-line with the provider's policies and residents' needs.

The inspector found that staff and residents had access to copies of previous Health Information and Quality Authority (HIQA) inspection reports on the centre, with staff being aware of the regulations, proportionate to their roles and responsibilities.

The inspector reviewed a sample of staff personnel files and found that they contained all information required under Schedule 2 of the regulations.

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):

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

Findings:

The inspector found that the provider had ensured that the findings from the previous inspection were addressed in-line with agreed timeframes.

The previous inspection had found that the provider's policy on the management of residents' finances had not been fully implemented. The inspector reviewed the provider's resident finance policy and found that it had been reviewed following the previous inspection and that it reflected staff knowledge on the day of inspection.

The previous inspection also found that the centre's residents' guide did not state how the centre's HIQA inspection reports could be accessed. The inspector found that the residents' guide had been reviewed following the last inspection and now stated that reports could be found through the HIQA website. In addition, copies of previous inspection reports were available at the centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Stevan Orme
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 Brothers of Charity Services Ireland
Centre ID:	OSV-0005029
Date of Inspection:	04 July 2017
Date of response:	25 July 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector found that not all residents' annual goals included agreed timeframes for their achievement.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All annual goals will be reviewed, timeframes identified for achievement of chosen goals and recorded accordingly. Any changes that have occurred will be noted and reasons for these changes will be recorded on each individual's annual plan.

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

The inspector found that not all residents' personal plans and associated assessments, recorded that they had been subject to an annual review.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All personal plans have been reviewed and updated however on the date of inspection this was not evident on the plans. All personal plans are being reviewed and updated again.

Proposed Timescale: 31/08/2017

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:

The inspector found that not all staff had received up-to-date manual handling training at the centre.

3. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

A staff identified as requiring Manual Handling training have been booked on the next available training.

Proposed Timescale: 08/09/2017

Theme: Effective Services

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

The inspector observed that a fire door was wedged open at the centre.

4. Action Required:

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

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

All wedges have been removed from the house in question so that doors may no longer be wedged open.

Proposed Timescale: 14/07/2017

Theme: Effective Services

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

The inspector found fire evacuations using minimum staffing levels had not occurred at suitable intervals and following changes in residents' assessed needs.

5. 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:

Single staff fire drills in both houses will be carried out a minimum of 4 times per year and more frequently if needs change commencing 25/07/17.

Proposed Timescale: 25/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The inspector found that not all staff had received positive behaviour management training at the centre.

6. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The staff identified as not having completed Positive Behaviour management training has been booked on the next available course.

Proposed Timescale: 13/10/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The inspector found that the centre's statement of purpose did not contain all information required under Schedule 1 of the regulations.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 Statement of Purpose has been amended and changed to include information regarding supports and access to education, training and employment. It now also reflects the changes in management staffing structures. The two new Team Leaders will now become PPIMs and NF31 forms will be submitted to HIQA by 31/08/17.

Proposed Timescale: 24/07/2017