

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rossan Court
<b>Centre ID:</b>	OSV-0005548
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Mary Reynolds
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 17 February 2017 09:20 To: 17 February 2017 17:30

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

Outcome 04: Admissions and Contract for the Provision of Services
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This was an announced inspection that was completed as a result of the provider's application to register the centre. It was the first inspection of the centre which was a new build. One inspector completed the inspection over one day.

**How we gathered our evidence**

The inspector met with the person in charge, the clinical nurse manager 3 for the centre and the service manager. As it was a new build there were no residents residing at the centre. As part of the inspection process the inspector spoke with the aforementioned personnel, reviewed documents which included some of the centre's policies, the safety statement, statement of purpose and residents' transition plans. The inspector also completed a walk around the premises.

**Description of the service**

The premises was a bright modern four bedroomed, two storey house. It was situated in a residential estate and was close to shops, public transport, a leisure centre and park areas. The aim of the centre, as outlined in the statement of purpose, was to provide support to adults with an intellectual disability, and their

families, using a person-centred approach that promotes the health and wellbeing of each individual.

#### Overall judgment of our findings

In general, the inspector found that the proposed plans were sufficient to support the incoming residents with their daily lives and to afford them opportunities to maximise their development. However, some improvements were identified as required with the centre's proposed workforce and with its health and safety systems.

The provider had proposed systems in place to ensure governance and management of the centre. The inspector noted that the management team were enthusiastic and outlined their commitment to ensuring that this move for the residents from their current congregated, campus based setting to a community living setting would be a person centred, safe and quality experience.

Ten outcomes were inspected against. For the most part the provider had put appropriate systems in place to ensure that the regulatory requirements were being met. The inspector found full compliance in seven of the 10 outcomes.

Three outcomes were found to be in moderate non-compliance. Improvements were assessed as required in the meeting of Schedule 1 for the statement of purpose, and with the centre's fire management and risk systems under health and safety and risk management. Additionally, the inspector found that the centre's staff complement and allocation of staff hours required a robust review to ensure that residents' needs were consistently supported across the 24 hour period.

These findings along with others are further detailed 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 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that the centre had the required policies and procedures in place for the admission, transfer, discharge and temporary absence of residents.

Proposed admissions were in line with the statement of purpose and the wishes, needs and safety of the residents. The inspector observed that in recent months the two proposed residents for this new centre had been facilitated in spending time together and in getting to know each other. These occasions had been documented, reviewed and considered with a view to their proposed move to, and sharing of their new home.

The inspector viewed a sample contract of care which outlined the services to be provided and the planned fees to be charged to the resident.

**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:**

Effective Services

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

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

**Findings:**

Overall, the inspector found that the person in charge (PIC) had proposed systems in place to ensure that the incoming residents would have opportunities to participate in meaningful activities appropriate to their interests and preferences. There was also a clear emphasis on facilitating these activities, where possible, within the local community.

The inspector was assured that each resident's assessed needs and required supports would be outlined in an individualised personal plan. The plan will be drafted with the resident and include the participation of the resident's representatives. Multidisciplinary team (MDT) consults will also contribute to residents' plans and reviews as required. Also, the inspector found that each resident's proposed move to their new community home was person centred and well supported.

From proposed plans and a review of residents' current files the inspector observed that some assessments and subsequent plans had been completed with residents in preparation for their proposed move. Members of the MDT had participated in this process. The PIC outlined that residents' assessments would be further reviewed and updated prior to their transition and this was observed on the minutes of the planning meeting.

The inspector observed that there were plans to support the residents' individual social care needs with several community options being considered. One of the residents had been collecting the weekly local paper looking for social events that could be explored in the future and he had also commenced attending a local religious service. The inspector noted that there was also an emphasis on residents entertaining their friends and family members in this smaller community setting.

The inspector observed that both of the proposed residents and their representatives had been involved in planning for their move to this new service. There was evidence of systematic planning through meetings and visits to the new house. The inspector noted that a move to community living had been identified, assessed and supported as a person centred goal for residents.

Both residents' proposed transition was underpinned by a comprehensive transition plan which had utilised a variety of accessible formats to aid the residents' comprehension of the process. Both residents were facilitated in visiting the house and had been involved in shopping for kitchen equipment and furnishings. There was also some evidence of residents participating in skills teaching in preparation for their new living arrangement.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the inspector found that the design and layout of the centre was suitable for its stated purpose. The inspector noted that some adaptations had been made to ensure that the premises was accessible and promoted residents' capabilities. Residents' safety needs were also considered in the furnishing and decorating of the premises.

The inspector found the premises to be a bright modern four bedroomed, two storey house. It was situated in a residential estate and was close to shops, public transport, a leisure centre and park areas. The front door was situated to the side of the house and there was a wall running down the side into the front garden/parking area. There was a green space area between this wall and the road. Also, there was a large garden available to the rear and other side of the house.

The downstairs area of the house was comprised of a hallway area, a downstairs toilet, an open kitchen/dining area with a utility area and a spacious sitting room. Upstairs consisted of four bedrooms, one of which had been converted into a small sitting room option for residents and another was planned as a staff room. There were two single occupancy bedrooms available for residents and one of these had a spacious en-suite bathroom. The other proposed resident had a large bathroom opposite his bedroom which post assessments was to be specifically adapted to his needs in the coming weeks. The inspector observed that the residents had been involved in the decoration of their allocated rooms.

In general, there was good space and storage available to the residents and for the general needs of the household. There was a number of areas for residents to receive visitors.

The inspector observed that members of the multidisciplinary team had been involved in assessing the premises' suitability for the incoming residents. The proposed residents were present for this assessment process.

A number of adaptations were subsequently completed or planned for completion prior to the centre's opening. These included the addition of extra lighting on the first floor landing, non-slip strips put on the stairs steps and the planned insertion of an additional bannister/rail up along the stairs wall.

**Judgment:**

Compliant

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Effective Services

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

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

### **Findings:**

Overall, the inspector found that the centre had proposed systems in place to ensure the health and safety of residents, visitors and staff is promoted and protected. However, some improvements were required with the fire management system and in risk management.

The inspector found that in general the centre had fire equipment and fire management systems in place as required. This included a fire detection and alarm system and emergency lighting. The inspector also observed the fire register and noted that it contained templates for checks and drills. A draft fire and evacuation plan was present, with template individual evacuation plans for proposed incoming residents. An emergency evacuation bag was noted to be available in the house. The inspector noted that there was usage of accessible fire symbols to aid the evacuation process with residents. There was means of escape available through the front door and from the patio door in the kitchen into the back garden.

However, the inspector was not assured that fire containment measures had been appropriately considered. It was noted that doors in the house were standard rather than specified fire doors.

There were policies and procedures in place for risk management and emergency planning. There was a policy relating to when a resident goes missing. However, it was dated 18 October 2013.

There was a risk register which was developed from some identified centre risks and the incoming residents' individual risk assessments. The main risks identified included slips, trips and falls, the administration of medication, behaviours of concern, absconding and lone working situations. However, the inspector observed that the risks associated with residents' challenging behaviour had not been considered in the proposed lone working situation for staff.

The person in charge outlined the proposed process in relation to investigating and learning from any incidents and events in the centre.

Fire and manual handling training is scheduled to be completed with staff prior to the centre opening.

The centre had proposed systems to ensure effective infection control in the centre. The Person in charge (PIC) outlined procedures for general food hygiene and preparation

which included the monitoring of food temperatures. Colour coded chopping boards were available in the kitchen.

Cleaning is planned to be completed by staff and residents will also be involved in line with their skills enhancement. The PIC plans to audit the cleaning roster. Incoming staff will also have completed a hand hygiene course.

With regard to transporting residents, the PIC outlined that the service plans to lease a car as the proposed residents do not have any particular needs. Residents also have past experience of using public transport options.

**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):**

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

**Findings:**

Overall, the inspector found that the centre had proposed measures in place to protect residents from being harmed or suffering abuse. The required policies and procedures were available to inform staff practices. These included a policy for the prevention, detection and response to abuse and for the provision of personal and intimate care.

Training in understanding abuse was planned for all incoming staff that required it. The person in charge (PIC) noted that some staff were currently working in other centres and had attended this training.

There was a positive approach to behaviour that challenged and the proposed PIC outlined that the support of the service's multidisciplinary team will continue to be available to residents. This included a clinical nurse specialist in behaviour. Training in positive behaviour support and education in autism was planned for incoming staff.

Also, the inspector observed that there was an awareness of practices that could potentially be restrictive in nature.

The required policies which included the provision of behavioural support and the use of

restrictive procedures were available to inform and guide staff practices.

**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):**

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

**Findings:**

Overall, the inspector found that the proposed person in charge (PIC) had plans in place to ensure that the healthcare needs of residents would be identified, assessed, supported and reviewed as required. There were plans for residents to be supported by a general practitioner of their choice.

Residents will continue to be supported by members of the service's multidisciplinary team and to be facilitated with access to allied health professionals as appropriate. The PIC noted that these services will be sourced within the local community, for example, dentistry and chiropody services.

The PIC outlined plans to ensure that residents' diet and nutritional needs are appropriately met which included an emphasis on healthy lifestyle options. The support of a dietician will continue to be available to residents as required.

Also, this proposed move for residents is acknowledged as an opportunity to facilitate and promote residents' life skills in the area of food preparation and cooking.

Food safety training is planned for staff and the PIC plans to provide support with menu 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):**

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

**Findings:**

Overall, the inspector found that there were adequate plans in place to ensure that residents would be protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There were plans to store medicines as required in the centre, to appropriately store residents' medication records in a safe and accessible place and for ensuring that residents' medication needs would be appropriately reviewed.

The inspector observed that there were appropriate plans to facilitate the resident with a pharmacist of their choice.

It was planned that medication administration training and Buccal Midazolam training would be completed by staff prior to the centre's opening.

**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):**

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

**Findings:**

The provider submitted a statement of purpose with their application to register. The statement of purpose was dated December 2016.

The inspector found that in general it outlined the aims, objectives and ethos of the designated centre and the facilities and services to be provided for residents. However, it required revision as it did not contain all the requirements of schedule 1 including:

- the specific care and support needs that the centre is intended to meet
- access to education, training and employment for residents, and
- arrangements for residents to engage in social activities, hobbies and leisure interests.

Also, the inspector observed that another centre's name was contained in the document and the centre was referenced as a bungalow in another section.

With regard to the management and staffing section, the organogram in the document related to the wider services but did not include the management structure for the actual centre and additionally the staff complement did not reflect the person in charge's specific hours allocation to this centre only.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that the provider had proposed arrangements in place to ensure the effective governance and management of this new centre. There was a clearly defined management structure which had identified the lines of authority and accountability. There were proposed systems to ensure oversight and accountability for the delivery of safe and quality services. The proposed person in charge (PIC) had the suitable qualifications and experience for this role.

The PIC will be supported in her role by a clinical nurse manager (CNM) 3 with particular responsibility for this centre and by the provider nominee. There will also be a number of other CNM3s/persons participating in management available to the PIC both on day and night duty shifts.

The inspector observed that there had been a systematic planning process for this new centre with evidence of meetings which involved the above management team and additionally the PIC from another designated centre where one of the proposed residents currently resides. The proposed PIC for this new centre currently supports and is familiar with the needs of the other proposed resident.

The agenda for the meetings was comprehensive and encompassed planning for all the critical centre systems, individual resident's needs and the required documentation for the opening of the new community house.

Additionally, the PIC highlighted that constant reviews and evaluations will be critical in the initial period of service provision in this new centre. She outlined that this would be

conducted on a daily basis from her perspective and that there would be weekly meetings with the CNM3 and communication with the other PIC.

The proposed PIC for this centre was found on interview to have the relevant qualifications and experience for the type of service that was to be delivered. She was very familiar with the needs of one of the residents as she had supported him for a number of years and was in the process of getting to know the other resident and his family. Also, the person in charge was found to knowledgeable of the legislation and aware of her statutory responsibilities.

The PIC was already responsible for one campus based designated centre which was recently registered. She had given consideration to the division of her labour and time across the two centres, particularly for the initial period, and outlined that she would increase the involvement of her local management colleagues in facilitating this new situation.

The provider nominee noted to the inspector that for the long term, they are currently recruiting to fill this PIC position with a social care leader who will be based in, and have sole responsibility for this new designated 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):**

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

**Findings:**

Overall, from a review of the proposed residents' files, risk assessments, a sample roster and from discussions, the inspector observed that the proposed number and allocation of staffing was inappropriate to the assessed needs of the incoming residents.

The inspector noted the reduction in the staffing levels currently provided to the incoming residents as compared to the proposed level for their new centre. This was significant for the twilight, night and early morning period.

It was proposed that residents be supported on a one to one level during the day and that there would be one staff at night working a sleepover shift. This staff member

would be singularly supporting residents from 21:00 at night to 09:30 the following morning. One resident's identified needs cited a requirement of one to one support across the 24 hour period but in the proposed roster, that level of support would only be available from 09:30 to 21:00 hours. Additionally, absconding was identified as a medium risk for a resident and highlighted on their emergency evacuation plan. The supporting of night and early morning routines with residents was also highlighted.

The centre had recruitment procedures in place. The inspector reviewed the information and documents to be obtained in respect of a number of staff employed in the centre. An issue was identified, as one person's file had an unexplained gap in their employment history.

The inspector observed that the proposed training schedule for incoming staff was in keeping with the proposed residents' needs.

The Person in charge (PIC) outlined her plans to meet regularly with staff both individually and as a team. In the initial phase of the centre's opening, she plans to be very available and responsive to all support requirements. However, the PIC's allocation of hours were not outlined on the centre roster.

The inspector observed that there was a strong awareness of the importance of ensuring continuity of care with residents. A number of the incoming staff had or were currently supporting the proposed residents.

**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:***

Helen Thompson  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0005548
<b>Date of Inspection:</b>	17 February 2017
<b>Date of response:</b>	30 March 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 centre's risk register did not comprehensively identify and assess all possible risk to residents and staff in this centre.

**1. Action Required:**

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

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

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

In order to identify and portray the supports required from 9.30pm to 10am for the two residents, a four week monitoring process commenced March 26th to determine the level of support required for both individuals for their assessed needs.

In the initial first two week transition period, a waking night staff and a sleepover staff will be in place. This will be reviewed at the end of the first week to determine the appropriate staffing levels.

Service Policy on Missing Persons will be updated by June 2017

**Proposed Timescale:** 30/06/2017

**Theme:** Effective Services

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

As outlined in the body of the report, it was not clear if the fire containment measures were adequate in the centre.

**2. 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:**

The centre will be assessed by a fire consultant to ensure fire containment measures are adequate

**Proposed Timescale:** 30/04/2017

**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:**

As outlined in the body of the report the statement of purpose did not consistently reflect the centre or contain all the requirements of schedule 1.

**3. 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:**

Statement of Purpose has been updated to include schedule 1 requirements.  
Updated Statement of Purpose attached.

**Proposed Timescale:** 02/04/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

An unexplained gap was found in a staff member's file.

**4. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

HR department has followed up with the staff member identified and gap in their employment has been explained

Proposed Timescale: Completed

**Proposed Timescale:**

**Theme:** Responsive Workforce

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

The proposed roster did not outline the person in charge's allocation of hours to the centre.

**5. Action Required:**

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

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

Rosters have been revised and completed to include the PIC in the roster.

**Proposed Timescale:**

**Theme:** Responsive Workforce

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

The proposed number and allocation of staff hours was not in keeping with residents' assessed needs.

**6. 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:**

In order to identify and portray the supports required from 9.30pm to 10am for the two residents, a four week monitoring process commenced March 26th to determine the level of support required for both individuals for their assessed needs.

In the initial first two week transition period, a waking night staff and a sleepover staff will be in place. This will be reviewed at the end of the first week to determine the appropriate staffing levels.

Proposed Timescale: At the end of week two following move.

**Proposed Timescale:**