Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Galway Cheshire House
Centre ID:	OSV-0003445
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Colin McIlrath
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
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 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:	To:
07 November 2017 10:00	07 November 2017 19:00

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

Outcome
Outcome 01: Residents Rights, Dignity and Consultation
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 inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and also to inform a registration renewal decision. The previous inspection of this centre took place on 20th and 21st June 2016. Nine actions were identified following the previous inspection, the inspector found that eight of these actions were implemented as described; however, one of these actions in relation to the centre's statement of purpose was not addressed and remained non-compliant on this inspection.

How we gathered our evidence:
As part of the inspection, the inspector met with four residents, who were observed to interact warmly with staff and appeared to enjoy their surroundings. All of the residents who the inspector met with could communicate verbally and voiced their overall satisfaction with the service provided by the organisation. However, some issues were raised by residents which are highlighted in the report.

The inspector met with six staff members, including, care assistants, a staff nurse,

the person in charge and the person representing the organisation. The inspector also met with one family member who voiced their overall satisfaction with the service. The inspector observed interactions between residents and staff. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:
The designated centre comprised a large single-storey purpose built home and accommodated up to 10 residents who have physical, sensory and neurological needs. Each resident had their own self contained studio apartment and the centre was located on the outskirts of a large city. The centre was warm, clean and was appropriately equipped to meet the residents' needs.

Overall judgment of our findings:
Overall, this inspection found a good level of care and support was provided to residents and that five of the outcomes inspected such as safe and suitable premises, safeguarding, healthcare, medication management and governance and management were compliant. However, improvements were required to social care, health safety and risk management and workforce.

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.

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

Findings:
On the day of inspection, the inspector found that the dignity and rights' of residents was promoted; however, some improvements were required to consultation with residents. The actions from the previous inspection were addressed, with improvements noted on this inspection to the management of complaints.

There was information readily available for residents and visitors in easy read format in regards to advocacy, rights and complaints. All received complaints were responded to in a prompt manner and feedback was given to the complainant in regards to the outcome of their complaint.

Some residents were supported to manage their finances and appropriate practices were in place for the recording of financial transactions completed on the behalf of residents. The person in charge was also conducting regular audits of these financial arrangements in the centre.

Residents attended scheduled social evenings in the centre such as movie nights, birthday parties and visits from external organisations. A schedule of individual meetings were in place for some residents where topics such as complaints, staffing, meals and safeguarding were discussed; however, the inspector observed these meetings were not held in a consistent manner for residents to attend.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
On the day of inspection, the inspector found that each resident had a personal plan in place. However, some improvements were required to the review of personal plans, the involvement of residents in the planning process and to the availability of plans in an accessible format.

The inspector reviewed a sample of personal plans which were undergoing a transition process to a new model of care. Personal plans detailed areas such as key connections, places and locations, lived experience and possible impacts. These plans were reviewed on a regular basis for some residents; however, not all plans were reviewed as required. The inspector also observed that some residents had limited input in regards to the review of their plans.

Residents had decided on a range of personal goals such as attending sporting events, the cinema and arranging art exhibitions. An action plan was formulated as part of this process and some progress had been made in supporting some residents to achieve their chosen goals. However, the inspector found that goals for some residents had not been sufficiently progressed.

The inspector spoke to a number of residents who were happy with arrangements for accessing the community and were facilitated by personal assistants, family members and staff to attend local community services.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working

order.

Theme:
Effective Services

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

Findings:
On the day of inspection, the inspector found that the premises was meeting the needs of residents. The action from the previous inspection was addressed, with all equipment in the designated centre now serviced as required.

Each resident had their own self-contained apartment, which had a separate entrance to the designated centre. Each apartment could also be accessed by staff from the designated centre. The designated centre was warm and clean and residents had personalised each of their own living areas to reflect their interests. The centre also had a central communal sitting room, and a separate laundry and sluice area.

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:
On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre; however, improvements were required in regards to fire precautions and in regards to the review and response to adverse events. The action from the previous inspection was addressed, and appropriate infection control procedures were now in place.

The centre had fire precautions in place such as fire doors, fire alarm, fire extinguishers, smoke and heat detectors and emergency lighting. Staff were conducting regular checks of this equipment and were also carrying out regular fire drills. Staff had a good understanding in regards to the fire arrangements and had received training in fire safety. Fire procedures were on display and staff were guided in the evacuation of residents by personal emergency evacuation plans (PEEPs) and a centre emergency plan. Fire equipment was also found to be serviced as required.

A review of these fire drills indicated that all residents could be evacuated from the centre in the event of a fire, where maximum staff levels were in place. However, fire drill records did not indicate that residents could not be evacuated in a timely manner when minimum staffing was available in the centre. Subsequent to the inspection, the provider conducted a further fire drill which utilised fire door compartmentalisation and clearly demonstrated that residents could be evacuated in a prompt and safe manner, where minimum staffing levels were in place.

The centre had arrangements in place for the phased evacuation of residents due to the compartmentalisation fire doors which were in place. However, these arrangements were not identified on the centre's fire risk assessment, displayed fire procedures or included as part of fire drills which were conducted in the centre.

The centre had a system for the recording and review of adverse events. Staff had a good knowledge of this system and the inspector found that all adverse events were recorded as required. The person in charge reviewed all adverse events as they were submitted. However, the inspector found that there was a significant number of medication errors occurring in the designated centre. Management of the centre had implemented an action plan in response to these errors, but the inspector found that this had little impact in addressing the issue of as medication errors continued to occur.

The centre had systems in place for the management of risk in the centre. Each identified risk such as safeguarding, falls and infection control was regularly reviewed, rated and had appropriate controls measures in place in response to the identified risk.

Infection control was also promoted in the centre with hand washing actively promoted and arrangements in place for the disposal of domestic and clinical waste.

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:
On the day of inspection, the inspector found that the centre had systems in place to protect residents from potential abuse. However, a safeguarding issue was brought to the attention of the inspector on the day of inspection. The provider was not made aware of this safeguarding issue prior to the inspection. On receipt of this concern, the inspector observed that the person in charge and the provider representative promptly implemented the safeguarding procedures which were available to them.

Information on the reporting and responding to allegations of abuse was on display and staff had a good knowledge of these procedures. Staff on duty were observed to interact with staff in a warm and caring manner and residents appeared relaxed in their company.

The centre had some restrictive practices in place such as the use of bed rails and lap belts. These restrictive practices were risk assessed and there was appropriate measures for their use and review. The inspector also noted that some restrictive practices were implemented at the request of the residents.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre.

Each resident was supported to attend their general practitioner on at least an annual basis and during episodes of illness. Residents were also supported to attend appointments with allied health professionals as required. The inspector found that all recommended interventions following these reviews were implemented as prescribed by staff on duty and the nurse on duty maintained a record of all appointments.

Residents who required supports with their mobility were also assessed in terms of tissue viability and appropriate pressure relieving devices were in place.

Each resident had a detailed medical history and had an associated plan of care in areas such as diabetes and mental health formulated by nursing staff within the centre.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
On the day of inspection, the inspector found that the centre had procedures in place for the safe administration of medications.

Staff on duty has received training in the administration of medications and could clearly outline the procedures to be followed in the event of a medication administration error occurring. Staff were also supported in the administration of as-required medications by protocols which were found to be in line with prescription sheets. Accurate prescription sheets were maintained and a sample of medication recording sheets reviewed by the inspector, indicated that regular medications were administered as prescribed.

The inspector reviewed the register of controlled drugs within the centre which indicated that staff were conducting daily checks of these drugs. Staff were conducting a weekly stock take and the nurse on duty was auditing medication practices within the centre on a monthly basis.

Some residents were self medicating on the day of inspection and had been assessed by the provider and their general practitioner to do so.

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:
On the day of inspection, the provider had produced a statement of purpose in relation the service provided in the designated centre; however, this document did not contain all aspects as stated in the regulations.

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:
On the day of inspection, the inspector found that the provider had suitable governance and management arrangements in place. The action from the previous inspection was addressed, with six monthly announced provider audits now in place.

The person in charge had a good understanding of the regulations and the required notifications to be submitted to the chief inspector. The provider was also conducting regular audits in areas such as medications, fire safety, health and safety, quality improvement and staffing.

The provider had conducted six monthly audits and an annual review of the quality and safety of care as required. The person in charge had made good progress in addressing any identified areas for improvement.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The actions from the previous inspection were addressed, with staff now up-to-date with training and all schedule 2 documents available for review in staff files. However, on the day of inspection, the inspector found the current allocation of staff in the centre was not adequate to meet the assessed needs of residents.

The inspector found evidence that the staffing level in the service had not been increased to meet the assessed needs for residents.
Conflicting manual handling assessments were in place which stated that a resident required two staff to meet their mobility needs, while a second manual handling assessment stated that they may require three staff members to meet their mobility needs. However, the service only had provision for two staff members during night time hours. In addition, due to staffing levels, residents were not always able to make personal choices about their evening and night time. A complaint had been received in relation to this issue which had been addressed by management of the centre. However, the inspector found that the arrangements put in place to address this issue were no longer meeting the residents' needs.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection. Staff had received training in areas such as fire safety, responding to behaviours of concern, manual handling.

Staff were also attending regular team meetings and staff support and supervision was occurring for all staff in the centre.

There were no volunteers in place on the day of inspection.

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:

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003445
Date of Inspection:	07 November 2017
Date of response:	07 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to demonstrate that all residents were consulted in regards to the running of the designated centre.

1. Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Please state the actions you have taken or are planning to take:
•The Person in Charge, Care Co-ordinator or Senior Care Support worker will schedule and hold quarterly meetings with each resident.
•These meetings will be notified to the resident in advance, structured and documented. Records of the meeting will be retained in the service and made available to each resident.
•A standard template agreed with the resident, will be used for these meetings.
•An end of year review meeting is being held in December 2017 with each resident and feedback used to inform the Annual Review 2017.

Proposed Timescale: 22/12/2017

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 person in charge failed to ensure that all plans were made available in an accessible format.

2. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
•All residents will be consulted to ensure that their personal plans are in a format which is accessible to them.
•Personal plans will be provided in a format requested by the individual residents and accessible for their needs.
•The Person in Charge will monitor the accessibility of Resident's personal plans on an annual basis or more frequently if required due to changing needs.

Proposed Timescale: 31/01/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to demonstrate that all residents participated in the review of their personal plans.

3. Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and

where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
All personal Plans will have details of the date of the initial planning meeting and those involved.
•Residents and representatives where appropriate will be informed and invited to participate in all assessment and review meetings.
•All residents will have continuous access to their files according to their wishes
•The Person in Charge will monitor the participation of residents in the compilation of their personal plans

Proposed Timescale: 30/01/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that all residents' personal goals were sufficiently progressed in line with the residents' personal plans.

4. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
Monthly reviews will take place with all residents' in relation to their personal plans.
•Individual staff members will be assigned to meet the resident and update each plan a monthly basis.
•The PIC and management team will review updates to ensure timely completion and accuracy and the effectiveness of the goals.
•External oversight of personal goals and plans will be provided during monthly site visits by the Regional Quality Partner, and also by the Provider team during six monthly audits

Proposed Timescale: 31/12/2017

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 provider failed to ensure that an effective action plan was implemented to address to issue of medication errors in the designated centre.

5. 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:
•An Action plan designed to address the issue of medication errors is being implemented as follows,
•Site specific training was held with staff on 25/10/2017 and 22/11/2017 targeting areas which were highlighted in a management review of medication errors.
•A Safe Administration of Medication training course (additional to mandatory requirements) is being rolled out for all staff. 29/01/2018 and 30/01/2018 on site in Galway.
•A Review of monthly medication errors is completed by the Service Manager, Care Coordinator and Regional Clinical Partner. The completion of this monthly review will be overseen by the Regional Manager
•Themed learning points from the monthly medication error review will be discussed with staff at team meetings to allow for learning.

Proposed Timescale: 31/01/2018

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that fire risk assessments included the presence of fire door compartmentalisation in the centre.

6. Action Required:
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:
•Risk assessments have been updated to reflect fire door systems in place for compartmentalisation

Proposed Timescale: 27/11/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Displayed fire procedures failed to include the presence and use of fire door compartmentalisation within the centre.

7. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
•All Displayed fire procedures have been updated to include the presence and use of fire door compartmentalisation within the centre.

Proposed Timescale: 14/11/2017

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 provider failed to ensure that all requirements of Schedule 1 of the regulations was contained in the designated centre's statement of purpose.

8. 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 was updated on the 10th November 2017 to meet all requirements of schedule 1.

Proposed Timescale: 10/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the provision of staff in the centre was meeting the assessed needs of residents.

9. 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 Provider’s Manual Handling trainer and an external Community Occupational

Therapist have completed an updated moving and handling assessment of a resident. Additional Moving and handling equipment is being provided to ensure that the provision of staff meets the assessed needs of the resident. •Requests from residents for supports to participate in in- house or external activities will be facilitated by the Provider and Person in Charge during both day time and night time hours.
Proposed Timescale: 15/12/2017