

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tignish House
<b>Centre ID:</b>	OSV-0004262
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Shane Kenny
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	Conan O'Hara
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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: 29 November 2016 11:00 To: 29 November 2016 19:00

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the second inspection of the centre. This monitoring inspection was carried out to monitor compliance with specific Outcomes. As part of the inspection, inspectors confirmed that the provider had taken the required actions arising from the previous inspection.

How we gathered our evidence:

Inspectors met with five residents. Inspectors also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre consists of one house. Services were provided to residents over the age of 17. The centre is operated by Nua Healthcare.

Overall findings:

Residents were observed to be comfortable within their environment and staff were observed to engage with residents in a dignified and respectful manner. Overall inspectors found that the centre had a pleasant atmosphere. Failings were identified

in the assessment of residents' needs and subsequent personal plans. Inspectors also found that the risk management system was not consistently implemented in practice. There was also improvement required to ensure that staffing levels were appropriate at times of the day.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**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):**

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

**Findings:**

An action arising from the inspection conducted in August 2014 was that there were no written agreements in place between the resident and/or their representative and the provider. Inspectors confirmed on this inspection that this had been addressed.

However inspectors found that while the agreement outlined the care and support to be provided it did not outline the circumstances in which an individual could be discharged from the centre.

**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:**

Inspectors reviewed a sample of residents' personal plans and found that they contained an assessment of residents' health and social care needs and there was a plan/goal in place to meet that need. However, improvements were required to ensure each resident had an assessment in place prior to or on admission to the centre and that the plans clearly outlined the supports residents required to ensure that their needs were met.

Inspectors found that residents did not have a comprehensive assessment of their social care needs prior to or on admission to the centre. The person in charge stated that this was due to residents residing in designated centres which were operated by the same provider pre admission. Inspectors found that this resulted in discrepancies in the personal plans of residents. For example, the assessment which had been completed for a resident prior to them receiving services from the provider stated that they required the support of two staff. However, their personal plan stated that they received the support of one staff for specific times within the day in this centre. The resident had not received a comprehensive assessment on admission to this centre and therefore there was no rationale for this reduction in support.

Personal plans had a focus on skill building and development. For example, task analyses were completed to develop residents' skills in household activities. Monthly goals were also identified for residents and were reviewed at meetings between the resident and their key worker.

Residents were supported to attend a formal day service or school depending on their age. Inspectors found that efforts were made to support residents to engage in activities in line with their interests and capabilities if the pre mentioned service was on a part time basis. For example, a minor was attending school on part time basis. A copy of their individual education plan was available in the centre and activities they were supported to engage in when not in school appeared to correlate with the plan. However, inspectors found that the reviews of activities did not identify the effectiveness of these activities towards residents achieving their educational goals.

Residents were referred to and had received assessments from allied health professionals. Inspectors found that the recommendations arising from these assessments were incorporated into residents' personal plans.

Residents and/or their representatives attended meetings with staff regarding the care and support provided to residents. However inspectors identified an instance in which the recommendations of a family member were not included in the personal plan of a resident. It was not clear the rationale for this.

**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 centre had policies and procedures in place for the health and safety of residents, staff and visitors. This included a safety statement and risks assessments which identified both collective risks and risks to individuals within the centre. There was also a record maintained of all accidents and incidents within the centre. Inspectors found that improvements were required to ensure that all risks to residents were adequately assessed and that control measures were consistently implemented in practice. For example, a control measure for one resident was that there would be a staff member on duty at all times who had first aid training. This was occurring in practice as all staff had been provided with this training. However in another instance a trend had been identified of when there was the increased risk of an accident/incident occurring. The control measures in place for this did not identify specific measures to reduce the risk of a similar incident occurring.

There were weekly environmental checks completed in the centre and inspectors identified a clear pathway to rectify any issues identified. The centres vehicles were also checked on a weekly basis.

There were policies and procedures in place to protect residents from healthcare associated infections. This included weekly cleanings schedules and colour coded cleaning equipment. Inspectors observed the centre to be visibly clean. All permanent staff had received training in infection control and food hygiene.

The centre had an emergency plan in place. Emergency equipment was also provided such as fire extinguishers. The building had the appropriate provision of fire doors. Inspectors confirmed equipment such as the fire alarm, emergency lighting and extinguishers were serviced at appropriate intervals. Staff had received training in the prevention and management of fire. HIQA had been notified of instances in which the fire alarm had been activated due to dust or the toaster and found that appropriate immediate action had occurred and that the necessary action had been taken to prevent a reoccurrence. Fire drills occurred on a regular basis and any issues encountered were recorded for learning. However, the records did not demonstrate the number of residents and staff which took part, therefore not demonstrating if the maximum number of residents could be evacuated with the lowest number of staff.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place for the safeguarding of adults and children. All staff had received training in the protection of vulnerable adults and children. Staff were aware of the action to be taken in the event of an allegation or suspicion of abuse. HIQA had been notified of allegations or suspicions of abuse and found that the appropriate action was taken in line with policy. Staff were aware of the actions to be taken in the event of an allegation or suspicion of abuse.

There were systems in place to provide positive behaviour support to residents. This included assessments by allied health professionals and the development of positive behaviour support plans. There were restrictive practices in the centre, such as physical intervention by staff and the use of p.r.n (as required) medication in response to aggressive or assaultive behaviour. Positive behaviour support plans identified proactive and reactive strategies. Inspectors found however that proactive strategies of residents were not consistently implemented in practice. For example, it was identified that the meal for the day should be displayed in the kitchen and not the weekly menu. Inspectors observed the weekly menu displayed on the day of inspection. Furthermore it was stated that transport should be available at all times. Inspectors observed that transport was not available at all times on the day of inspection.

Inspectors also found that behaviours, which resulted in physical restraint to a resident, had not been assessed and therefore there were no proactive strategies identified to prevent incidents from occurring.

Staff had received training in breakaway and physical restraint.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

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

<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A review of personal plans found that the healthcare needs of residents were assessed and that there were plans in place for identified needs. However improvements were required to ensure that the care provided to residents was consistently in line with the plans of care.</p> <p>Residents had access to their General Practitioner (GP) if a need was identified. Residents were also supported to attend a range of allied health professionals, including Occupational Therapy, Speech and Language Therapy, the Dentist, the Optician and Chiropody.</p> <p>Health management plans had been developed for specific needs. Inspectors found that the interventions identified in the health plans were not consistently implemented or monitored. For example, it was identified that an increased fluid intake was required. However this was not monitored. Residents were also not supported to monitor their weight at the times identified within the plan.</p> <p>Inspectors did not have the opportunity to observe a mealtime experience on this inspection, however did find that residents were supported to eat food of their choice.</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

<p><b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b></p> <p><b>Findings:</b> There were medication management systems in place which promoted safe practices. However improvements were required in the practices regarding the administration of p.r.n medication.</p> <p>The centre had policies and procedures in place for the safe management of medication.</p>

Inspectors observed that medication was stored in a secure location. Staff had received training in the safe administration of medication.

Of the sample of prescription records reviewed, inspectors confirmed that they contained all of the appropriate information, including the name, date of birth and photograph of the resident. There was also a signature of the prescriber present for each medication and the maximum dosage of p.r.n medication was stated. Administration records demonstrated that the times medication was administered correlated with the times prescribed.

Residents had medication management plans which outlined the circumstances in which p.r.n medication could be administered. However, inspectors found that these were not supported by the appropriate assessment. For example, the administration of pain relief was not supported by a pain assessment tool. The guidance stated that p.r.n medication should be administered in line with the positive behaviour support plan of the resident however there was no reference to p.r.n medication in the plan.

Medication audits had occurred and demonstrated that there had been an improvement in the practice of the centre since they occurred.

**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):**

No actions were required from the previous inspection.

**Findings:**

HIQA had been notified of a change to the person in charge since the registration of the centre. The person in charge facilitated the inspection. Inspectors found that they were actively involved in the management of the centre and that they were familiar with the needs of the residents. Inspectors also observed that residents and staff were familiar with the person in charge. The person in charge was full time and met the requirements of regulation 14.

There was a clear management structure in place in which the person in charge

reported to the regional manager. The regional manager reported to the Director of Operations. The Director of Operations reported to the Chief Operating Officer (COO). The COO was the person nominated on behalf of the provider for the purposes of engaging with HIQA.

There were systems in place for the review of the quality and safety of care in the centre. This included a weekly reporting system and regular audits in the centre. Audits addressed areas such as health and safety, residents' personal plans and residents' finances. Inspectors found however that the audits were in the main focused on quantitative information such as if personal plan templates were filled in correctly as opposed to ascertaining the outcomes for residents.

An annual review of the quality and safety of care had been completed. However inspectors found that the review contained statements of compliance which were not supported by quantitative or qualitative evidence.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Inspectors determined that residents received continuity of care due to a core permanent team within the centre. However, it was not clear that the numbers of staff available were appropriate to meet the needs of the residents in line with their assessed needs at specific times of the day.

Inspectors reviewed a sample of rosters and found that between the hours of 9am and 6pm. the staff available were in line with the supports which were verbally outlined by management at the commencement of the inspection. However post 6pm there was a reduction in staffing levels. Three of the residents were identified as requiring 1:1 staffing and in some instances 2:1 staff for portions of the day. Therefore considering the number of residents and the number of staff on duty, in order to ensure 3 residents received the support documented resulted in no additional staff available to support the remaining 2 residents.

A review of records demonstrated that staff had received the appropriate mandatory training. Additional training had been provided in line with the statement of purpose of the centre. There was a policy within the centre in which staff received formal supervision on a regular basis. This was occurring in practice and the person in charge demonstrated to inspectors how this was used as a forum to develop staffs' practice.

Staff meetings also occurred on a regular basis and staff were positive regarding the support that they receive.

**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:***

Jillian Connolly  
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 Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0004262
<b>Date of Inspection:</b>	29 November 2016
<b>Date of response:</b>	22 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The written agreement did not detail the circumstances in which a resident could be discharged from the 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 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Provision of Services to be reviewed to include circumstances in which a resident could be discharged from the centre.

**Proposed Timescale:** 07/02/2017

**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:**

Recommendations arising from a review were not incorporated into the personal plan of a resident.

**2. Action Required:**

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

All recommendations arising from reviews including representative recommendations to be included if deemed appropriate to the residents Personal Plan.

**Proposed Timescale:** 07/02/2017

**Theme:** Effective Services

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

Reviews of activities did not take into account the effectiveness of these activities in terms of meeting the educational goals of residents.

**3. 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:**

Personal Plan to be reviewed and updated to reflect the changing needs of the resident's educational goals.

**Proposed Timescale:** 07/02/2017

**Theme:** Effective Services

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

A comprehensive assessment of a resident's personal plan did not occur prior to a resident moving into the centre.

**4. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The process surrounding transitions, planned or unplanned within the centre are now completed to ensure that transitions to the centre are done in a planned and safe manner.

**Proposed Timescale:** 24/01/2017

**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:**

Not all risks were adequately assessed and therefore there was an absence of appropriate control measures.

**5. 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:**

PIC to receive training on trend analysis to identify incident trends and inform future practice. The PIC to continuously review and manage all risks within the Centre.

**Proposed Timescale:** 07/02/2017

**Theme:** Effective Services

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

Records of fire drills did not demonstrate the number of residents and staff which took

part, therefore not demonstrating if the maximum number of residents could be evacuated with the lowest number of staff.

**6. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All relevant information will be recorded to include those attending fire drills, time required for full evacuation and issue encountered. The response of residents and staff to the procedure will be recorded and reviewed to ensure learning, therefore demonstrating if the maximum number of residents could be evacuated with the lowest number of staff.

**Proposed Timescale:** 07/02/2017

**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:**

Behaviours of residents which resulted in physical restraint had not been adequately assessed. Proactive strategies identified in positive behaviour support plans had not been implemented in practice.

**7. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Behaviours of residents which resulted in physical restraint have been reviewed which resulted in the resident's MEBSP updated including all reactive strategies and supports inclusive for the resident and staff.

Proactive strategies identified in the MEBSP are now being implemented in practice and incident reporting structures capture same. A Behavioural Specialist support is assigned to the centre to assist staff. Furthermore, training has been provided to the team on MEBSP's and Incident report writing.

**Proposed Timescale:** 24/01/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Interventions identified in personal plans were not consistently implemented in practice.

**8. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A full review of Personal Plans to take place to ensure all interventions identified are implemented into practice.

**Proposed Timescale:** 15/02/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Medication management plans were not supported by appropriate assessments for circumstances in which p.r.n medication could be administered.

**9. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Review symptom assessment tools requiring PRN intervention to ensure it reflects each resident's assessed presentation, management plan, PRN intervention guidance and monitoring arrangements necessary to support each resident

**Proposed Timescale:** 22/02/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Inspectors found that audits were primarily quantitative and did not assess outcomes for residents.

**10. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The PIC/Keyworker are to ensure that outcomes are assessed and appropriate to residents' needs following all audit reports taking place in the Centre.

**Proposed Timescale:** 03/04/2017

**Theme:** Leadership, Governance and Management

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

The annual review of the quality and safety of care was not supported by quantitative or qualitative evidence.

**11. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The annual review report will be reviewed to include both qualitative and quantitative information and identify areas of improvement within the Centre.

**Proposed Timescale:** 22/02/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Inspectors were not assured that there were sufficient number of staff available at all times to meet the needs of residents.

**12. Action Required:**

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

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

A full review of the Centre's staffing needs to be complete, to ensure there are sufficient number of staff available to meet the needs of residents.

**Proposed Timescale:** 22/02/2017