### Centre name:
A designated centre for people with disabilities operated by Sunbeam House Services Limited

### Centre ID:
OSV-0001711

### Centre county:
Wicklow

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Sunbeam House Services Limited

### Provider Nominee:
John Hannigan

### Lead inspector:
Louise Renwick

### Support inspector(s):
None

### Type of inspection:
Unannounced

### Number of residents on the date of inspection:
13

### Number of vacancies on the date of inspection:
0
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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: 19 May 2015 10:00
To: 19 May 2015 15:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 16: Use of Resources</td>
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<tr>
<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

**Summary of findings from this inspection**

This was the fourth inspection of this designated centre operated by Sunbeam House Services Limited. The purpose of this inspection was to follow up on non-compliances found at the previous three inspections, and monitor improvements made in order to inform a decision for registration. This centre comprises of three units all located on the same grounds, and is home to 13 residents with intellectual disabilities and varying support needs.

At this inspection, the inspector found improvements had been made across all outcomes inspected. This was mainly due to the person in charge now being full time and based in this centre. The increased supervision and input of the person in charge had resulted in a stronger system of oversight, review and audit across all areas of care and support. The inspector determined that identified risks were being managed in the centre, and improvements to documentation and care planning had resulted in more positive health and social outcomes for residents living there.
However, there was still the need for improvement in relation to staffing and provision of support for residents as assessed. The way in which the centre was managed was at times negatively impacting on the social lives of residents.

The long term issue of the inappropriate mix of residents was being address through plans which the provider was developing. The Authority had received two plans from the provider previous to this inspection, which outlined a proposal to move two groups of residents out of the centre and into two smaller centres with increased staffing, in line with their assessed needs and supports. One of these plans submitted included a clear timeframe for completion, and residents had been consulted with and included in any progress made to date. The second proposal for a move had been submitted to the Health Service Executive for consideration for funding and was in discussions at the time of this report. To date no timeframe was available for completion of the second move.

The inspector found compliance with 10 outcomes inspected, 1 outcome which was substantially compliant, and 3 moderate non-compliant outcomes in need of further address by the provider. These will be discussed in the body of the report, and in the action plan at the end.
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:
The inspector found that the actions from the previous inspection had been adequately addressed by the provider and person in charge in relation to this outcome. For example, residents and families had been made aware of the complaints procedure, CCTV monitors had been removed from communal areas to promote privacy, and resident meetings were well documented to show consultation and participation. The inspector spoke with residents, who confirmed that they had been consulted with and involved in decisions about transitioning to new locations, and future decisions about the centre.

The failing regarding residents' freedom to consistently exercise choice and control in their daily lives is one still in need of further improvement. However, this has been outlined and actioned under outcome 5, 16 and 17.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Improvements had been made in relation to the consistent promotion of family and personal relationships for residents, and links with the community.

The inspector spoke with residents, and found that some had been supported to contact family members that they had lost touch with, and others had begun to visit their family home on a more consistent and planned basis. Residents expressed satisfaction with this. The inspector found evidence of communication between the person in charge and family members of residents to promote these personal links, and encourage involvement with personal plans and other aspects of care and support. Any family contact whether by phone, letter or in person was now recorded clearly on the online database.

Residents spoke with the inspector and outlined their daily routines, activity plans and the access they had to the community. This had been improved upon, as will be discussed under outcome 5 social care needs. However, the staffing resources still had an effect on the consistency and frequency of residents' involvement in their community. This will be addressed under outcome 16 and 17.

Judgment:
Compliant

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:
The inspector found that written agreements were now in place for residents living in this centre. These agreements outlined the services on offer and any fees attached to this. Residents confirmed that they were aware of the agreements. This had been addressed since the previous inspection.

There was to be no further admissions to this centre, as the provider was working towards "Moving on from congregated settings" national guidance. No emergency admissions were be accepted in this centre.

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

**Findings:**
The inspector noted improvements made under this outcome in relation to the care planning documentation, daily routines of residents, access to day services and activities. However, some improvements were still required to ensure adequate arrangements were in place to meet the assessed needs of all residents. As will be mentioned in outcome 16 and 17, the staffing and resources of the centre were having an effect on the person in charge's ability to ensure social care needs were consistently met, daily routines were followed and residents had care and support in line with their assessments.

The inspector reviewed a sample of residents' personal files and found improvements had been made to the assessment and planning documentation, risk assessments, safety plans, behavioural support plans and health plans. The inspector found evidence that the provider had fulfilled their response in the previous action plan, where a full audit of the documentation had been completed by other managers. This had resulted in positive changes to improve the quality of the content, and ensure information regarding residents' care and support needs were succinct, up to date and inclusive of multi-disciplinary input. The inspector found that care plans had been reviewed and updated with monthly keyworker checklists in place, evidence of reviews along with reviews of the effectiveness of the person centred plans to ensure residents were achieving their goals.

**Judgment:**
Substantially 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.*
<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the provider had addressed the failings as outlined in the previous action plan response. The inspector found the premises to be clean and suitably decorated. Painting work had been carried out and broken blinds repairs. New furniture had been bought and interior decorations in the main living room in one part of the centre. Residents expressed satisfaction with the changes, and said that they felt the centre was now more homely. The electric gate at the front of the house now had a push button exit so that residents could open this with ease.

**Judgment:** Compliant

### Outcome 07: Health and Safety and Risk Management
*The health and safety of residents, visitors and staff is promoted and protected.*

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector determined that the provider had ensured that an adequate system for the assessing, management and ongoing review of risk in the designated centre was now fully in place. The person in charge was now full time in this centre, and had an office based on site, this was having a positive effect on the risk management systems. The inspector found that the risk register had been reviewed, with risks clearly identified and updated often, for example following an incident or event. Staff had all read and signed that they were aware of all risks in the centre, and the control measures needed to reduce these risks. Staff were clear on the risks and how to manage them effectively, as outlined in the documentation. The inspector found there was now a link between what was highlighted in the risk register, and the care and support plans for residents to deal with these risks. For example, my personal safety plans now contained the most up to date information in relation to areas of risk for residents.

The inspector reviewed plans submitted to the Authority in relation to the proposal for some residents to move out to other smaller community homes, in line with national guidance "Moving on from Congregated Settings". The inspector spoke with staff and some residents in relation to this, and found that this plan would address some of the issues between peers who did not get along with each other, and which was resulting in negative living experiences and at times adverse events. The inspector was satisfied that
short term plans were in place to deal with the risks associated with this, with the long term goal of residents living apart in the future. The inspector also found that residents who posed a risk to people of lower level intellectual disability had been consulted with, and a plan had been drawn up to support these residents to also find a suitable smaller centre, where they would not be living with other residents who were deemed as more vulnerable. This was being done in consultation with the wider multidisciplinary team, such as the psychologist. The inspector reviewed the accident and incident log and complaints log and determined that the risk currently in place due to the inappropriate mix of residents living in this centre, was being adequately managed at this time. For example, residents who posed a risk lived in a separate unit to those who were most vulnerable and staff supervision was in place. The future plans to move the second group of residents to another designated centre, would further reduce this risk going forward, along with the ongoing provision of one to one support for a resident assessed as requiring this. These plans, along with proposed budgets for the required staffing had been submitted to the HSE for approval.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

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

**Findings:**
The inspector found that actions given following the previous inspection in relation to this outcome had been adequately addressed to further enhance the safety and protection of residents.

For example, all staff inclusive of agency staff had now received the appropriate training in relation to safeguarding residents and in the prevention, detection and response to abuse. All permanent and agency staff had also been offered additional training by a psychologist in particular behaviours, suitable to the needs of the residents in this centre. The inspector saw evidence of training records, and spoke with staff to confirm this.

Regarding the use of restrictive practices, the inspector found this had been adequately addressed. There was now a push button release for residents to use on the electric gate, and residents were observed using this with ease during the inspection. Staff were
clear on the rational for the use of fire shutters.

On review of behavioural support plans, the inspector found that these had been reviewed and updated since the previous inspection, and included guidance and signatures of other multidisciplinary team members (MDT) who played a role in supporting residents in this regard. This was an improvement since the last inspection. Likewise, residents safety plans also now included any guidance from MDT.

The inspector spoke with staff regarding the arrangement for supporting residents to walk up and down the lane way, and found that since the last inspection, residents were supervised for this journey in response to the immediate action given last November. Staff confirmed with inspectors, and also signed off on all risk assessments and their contents to show their awareness and role in ensuring control measures were consistently implemented to promote residents' safety.

One notification of an allegation of abuse had been received by the Authority since the previous inspection. This had been a peer to peer issue and was investigated by the social work team who deemed that there was nothing to support the allegation as one requiring further action.

Judgment:
Compliant

**Outcome 10. General Welfare and Development**

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that the provider addressed the failings in this outcome as outlined in the provider response to the action plan. The inspector found some residents now had increased time available to them to attend formal day services, this had improved since the previous inspection. Residents also had a weekly social activity programmes drawn up, outlining clear activities available for them to do during the days they were based in this centre. Through speaking with residents, the inspector found things had improved in relation to opportunities to go out of the centre and take part in preferred activities, however this is an area that will require further input going forward, to ensure adequate staffing and resources are available to support residents with new goals, and in expanding their experiences. For example, getting employment or more opportunities for educational training. The proposed moves to smaller centres with increased staffing in the future should further enhance residents opportunities and promote their general welfare. This is linked to outcome 16 and 17.
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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
As mentioned under outcome 5 Social care needs, improvements had been made to the assessment and planning documentation which had a positive effect on the promotion of residents' health care needs also. The inspector found that health and wellbeing plans were in place, and contained current information, they had been updated and reviewed were necessary. The inspector reviewed the accident log, and found that residents care plans had been updated promptly following an incident. On review of the communication diary, it was evident that any health concerns or issues that arose were recorded immediately, and appropriate appointments made with relevant medical professionals. For example, residents complaining of earache or chest pains had been seen by their GP in a timely manner and records maintained.

Judgment: Compliant

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

**Theme:**  
Health and Development

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

**Findings:**  
The inspector found that the person in charge had carried out the changes as outlined in the provider action plan response to ensure compliance with this outcome. For example, the inspector found evidence of weekly checks on the medication documentation, along with monthly audits done by the person in charge. The inspector also found an external audit had been completed by the pharmacist, and the person in charge evidenced the changes made in response to this audit. The inspector reviewed the drug error record
and found there had been only 3 errors recorded in the past six month period.

**Judgment:**
Compliant

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

**Findings:**
The inspector found improvements in this area in relation to the appointment of a full time person in charge, a more robust system of audit and review, and improvements to staff supervision and performance management. However, some improvements were still required in relation to the provider's responsibility to carry out an annual review in line with the Regulations.

The inspector reviewed the staffing roster, and spoke with the person in charge, staff and residents and determined that the person in charge was now based full time in this centre. This had resulted in improvements in relation to the oversight and review of practices and documentation, as described across all outcomes in this report.

As the person in charge was now in a full time position, staff supervision had improved along with a performance management system in place. Regular minuted staff meetings were being held in the centre, as confirmed by staff. This has a positive impact on the governance and management of the centre.

The inspector found that management systems had improved with the appointment of a full time person in charge. There was an evidenced system of audits now in place across all aspects of care delivery. For example, medication management, staff knowledge, documentation audits, finance audits and person centred plans audits. The inspector also found an unannounced inspection had taken place in February in line with the requirements of the Regulations.

The provider had not carried out an annual review of the centre on the quality and safety of care in line with the requirements of Regulation 23.
**Judgment:**
Non Compliant - Moderate

### Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

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

**Findings:**
While the inspector found that the person in charge was managing the daily routines of residents in so far as possible in line with their wishes and goals, there was still inconsistencies in terms of outcomes for residents.

Improvements had been made in relation to residents' daily activities, however these routines were still affected by other issues. For example, the need for staff and transport to facilitate appointments such as counselling or psychiatry sometimes restricted the routine of the day for other residents. The inspector spoke with a resident who expressed that the staff did as much as they could to offer an alternative day in the week to do some of the planned activities should they be cancelled due to such appointments. However, the inspector determined that given the needs of the 13 residents, the resources available were not adequately ensuring residents could consistently achieve their daily routines and plans as documented.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
The inspector was not satisfied that the failing in relation to staffing had been adequately addressed.

A resident who was assessed as requiring one to one support, was still not provided with this. On the day of this inspection, the staff on duty consisted of two permanent staff and two agency staff. The person in charge discussed the current vacancies with the inspector. The provider had submitted costed plans to the HSE in relation to the two moves which would reduce the number of residents in the centre, and this included ensuring full staffing as assessed. However, at the time of inspection this was still in the planning stages, and the current number of staffing was still not meeting the assessed needs of residents. This is also discussed under outcome 16.

The inspector found that the previous failings in relation to the training of staff had been addressed by the provider. The inspector reviewed training records, and spoke with staff and found that staff, inclusive of agency staff members had been given training in safeguarding and protection of residents. All full time staff and routine agency staff had completed training in complex behaviours, with a second date planned for any other staff who had not attended this. This was an improvement since the previous inspection. Staff had also received training on the use of the online data base system, and could demonstrate to inspectors how to use the system to obtain information, or complete forms such as accidents and incidents. This was an improvement since the last inspection, and ensure all staff were up to date on the most current information for residents.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspector found that improvements had been made to documentation as outlined under Schedule 3 of the Regulations. These improvements have been mentioned under previous outcomes, and resulted in more positive outcomes for residents.
The inspector reviewed minutes of staff meetings, and spoke with staff and determined that the Schedule 5 policies were now a feature on the agenda for discussion. Staff had read and signed that they understood the policies, and implementation of policies was evident during this inspection. For example, the review of the risk register on a routine basis, the management and follow up of complaints.

The inspector spoke with residents and the person in charge, and found that the residents guide was available to all residents in the centre.

**Judgment:**
Compliant

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**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:**

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001711</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 July 2015</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements were not in place to consistently meet the assessed needs of all residents.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

**Please state the actions you have taken or are planning to take:**
Since December 2014 we have been able to add to our submissions for additional funding to our main funders, the HSE, the HIQA requirements in relation to this Designated Centre. In particular we have drawn their attention to the assessed need of one client in relation to his funding for 1:1 supervision, but at time of writing, no new monies have been forthcoming. We will continue to advocate with the HSE for additional resources for this location.

**Proposed Timescale:** 31/12/2015

<table>
<thead>
<tr>
<th><strong>Outcome 14: Governance and Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>No evidence of an annual review in accordance with the Standards.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>An Annual review of the centre with be completed by the Person In Charge by 31/08/2015</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/08/2015</td>
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<td><strong>Theme:</strong> Use of Resources</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Resources available were not appropriately meeting all residents' needs.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>This location is currently undergoing a process of restructuring. We will continue to reassess resources and advocate with our funders for additional funding</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 31/12/2015</td>
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<tr>
<td><strong>Outcome 17: Workforce</strong></td>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The number of staff was not satisfactory to meet the assessed needs of residents.

**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 Skill mix process will include Social Care Staff within the staff team and this process will be completed by 31st December 2015

**Proposed Timescale:** 31/12/2015