

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004475
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	Rachel McCarthy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	13
<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 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: 03 June 2016 09:00 To: 03 June 2016 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
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
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to inspection**

This was an announced follow up inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Brothers of Charity Services Ireland (the provider). The centre was previously inspected September 2015 and a number of non compliances were found. The centre comprised of three residential units, two of which are rented properties. The provider intended to move residents from one of the rented properties into another property they had purchased and no longer use one of the rented properties. The designated centre would still be made up of three residential units.

The provider had also applied to reduce the number of residents the designated centre could accommodate from 15 to 13 residents. Inspectors only inspected the three properties that residents would live in when the centre was registered the rented property that the provider intends vacating was not inspected. Action plan responses for non compliances from the previous report were reviewed on this inspection. Overall, inspectors found that the provider, person in charge and team

leader had addressed actions to a satisfactory level.

#### How we gathered evidence

Inspectors visited all three residential units that would make up the designated centre. As part of the inspection, inspectors met with staff including the newly appointed team leader for the centre. Inspectors reviewed documentation, policies, personal plans, risk assessments and assessment of needs. Inspectors also spoke to residents during the inspection. An inspector also met and spoke with all residents living in one of the residential units as part of the inspection. Not all aspects were reviewed in each outcome on this inspection. The main aim of this inspection was to follow up on actions given in the previous inspection in order to make a decision to register the centre.

#### Description of the service

The centre comprised of three separate houses some distance from each other and supported 13 residents both male and female. The three residential units making up the centre were located near a town in County Tipperary. All residential units provided residents with access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers and shops. There was also adequate transport provided by the centre for trips further afield if and when requested by residents.

#### Overall judgment of our findings

Inspectors found actions from the previous inspection had been adequately addressed bringing about mostly compliance or substantial compliance for 12 outcomes. Inspectors did note there was a fire safety issue in the unoccupied residential unit. Subsequent to the inspection the person in charge contacted the inspector to inform them that the issue would be addressed and supplied the inspector with a costed plan for the intended works which would ensure any resident using the downstairs bedroom would have an adequate escape route from the premises in the event of an emergency or fire.

The evidence 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:**

Actions from the previous inspection had been adequately addressed. Overall inspectors found evidence that there were systems in place which would support residents' rights, dignity, consultation and decisions about the service they received. There were also appropriate complaints procedures in place however, there was some improvement required in relation to the documentation of complaints to evidence that the procedure was implemented.

The person in charge and team leader had established systems whereby residents were supported to use the complaints procedure. Each residential unit in the designated centre had an 'I'm not happy' box and each resident had been issued with an 'I'm not happy' card. Residents could use this card to express they were not satisfied with an aspect of their service. They placed the card in the box and staff checked the box regularly. If a resident had put the card into the box staff approached them to discuss their issue. This was evidence of the person in charge and staff affording all residents the opportunity to communicate and seek assistance in a user friendly format which catered for all residents' levels of literacy and communication abilities.

Inspectors reviewed the complaints log for the centre and found there had been a number of complaints and complements logged. However, there were improvements required. There was not enough detail in the complaints log with regard to the complaints residents had made, the investigation or process that had been carried out and if the resident or complainant was satisfied with the actions taken on foot of their complaint. Improvements were required in this regard to ensure complaints management met the matters as set out in regulation 34 (2)(f) of the Regulations.

**Judgment:**  
Substantially Compliant

**Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

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

**Findings:**

Previously inspectors had noted there had been some input from allied health professionals including speech and language therapists and occupational therapists to assist residents meet their range of communication needs. However, this had required further development as, although it was identified that residents would like to have their own communication passport in their plans, these communication passports had not been commenced.

On this inspection it was identified that a specific resident that had required a communication passport during the previous inspection had moved to another designated centre. However, there was evidence that communication systems and policies in place had brought about improvements since the previous inspection. A speech and language therapist (SALT) had commenced a new post working in the organisation in November 2015 which had resulted in greater access for residents to avail of specialist assessment and recommendation with regards to their communication needs.

Inspectors found evidence that the team leader for the centre had been in regular contact with the newly appointed SALT with regard to developing communication books for residents, for example. Referrals had been made for residents to be reviewed by the SALT and were on a waiting list to be reviewed.

Inspectors observed residents had access to assistive technology which enhanced their communication accessibility and repertoire. Some residents had electronic hand held computer touch screen devices. Other residents had personal mobile phones and there were an ample number of radios, televisions and visual aids used in each residential setting to ensure residents' communication needs were being met and accessible to them.

**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):**

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

**Findings:**

During the previous inspection it had been identified that goals set for residents were not established on an annual basis and were ongoing in some instances since 2012. Inspectors reviewed a sample of personal plans on this inspection to ascertain if the person in charge had addressed the previous action. From the sample reviewed there was evidence which indicated all goals had been updated on an annual basis with action planning and persons responsible to support residents in achieving the goals documented. Personal outcome planning was detailed and comprehensive in the sample of personal plans reviewed.

Residents health care planning and appointments were also comprehensively evidenced in the sample of personal plans reviewed. Inspectors found evidence that the action from the previous inspection related to this had been adequately addressed. Information and recommendations from allied health care and medical professionals were now maintained in residents' personal plans which would allow residents' key workers and the person in charge and team leader adequate information in order to update healthcare support planning.

While there was evidence to indicate previous actions had been satisfactorily addressed there were some improvements required. Inspectors did not find evidence of transition plans for residents that were intending on moving into a new residential unit within the centre. Without adequate transition planning there was a lack of guidance in place to direct staff in care relevant to the new premises residents were intending to move to. The person in charge was required to develop transition plans for residents to support their move into their new home.

**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.*

**Theme:**

Effective Services

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

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

**Findings:**

The provider had originally proposed to move five residents from their current house to another detached, large, modern two storey house in a nearby town. Since their original application to register the centre the provider had reduced the number of residents intended to move into this house to four.

Inspectors visited all three residential units intended to make up the designated centre and found them to be suitable and safe premises to meet the needs of residents and the matters as set out in the centre's statement of purpose.

An inspector visited the unoccupied residential unit which had been included in the provider's application for registration and reviewed the facilities to ensure they would adequately meet the needs of residents. The person in charge informed inspectors that it was proposed one resident would use a bedroom downstairs. The resident's mobility was compromised and therefore they may find using the stairs in the centre difficult. A shower and toilet were situated beside the resident's intended bedroom which meant they had access to toilet and bathing facilities in line with their needs for ground level access to facilities. The inspector did identify an issue with the fire escape route for residents using the downstairs bedroom and brought this to the attention of the person in charge and is further discussed in outcome 7; health and safety and risk management.

The reduction of numbers of residents intending to live in the house from five to four addressed the matters of the previous non compliance in relation to the number of bathrooms and toilet facilities available for residents in the designated centre.

All residential units had an adequate number of bathing and toileting facilities to meet residents' needs.

**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:**

Overall, inspectors found the actions for the previous inspection had been adequately addressed.

All residential units in the centre had not been supplied with emergency lighting which addressed an action from the previous inspection.

All personal evacuation plans had been updated and were detailed in their description of what supports residents would require in the event of an emergency evacuation.

There was evidence that the risk register was regularly reviewed and updated as required. Residents personal risk assessments had also been updated satisfactorily. Inspectors reviewed a sample of personal risk assessments for residents and found them to be detailed and up-to-date with evidence of changes made where required following review.

However, inspectors did identify a fire evacuation safety issue in the residential unit the provider intended to move residents to. There were arrangements in place for the detection and response to a fire in the residential unit and adequate arrangements in place for the containment of smoke and fire in the centre. However, the arrangements in place for the means of escape from the ground floor bedroom were not adequate. The only means of escape from the bedroom was through the utility room to the back door. The resident using the bedroom required an alternative escape route arrangement.

Following the inspection the person in charge submitted to the inspector a costed plan of works to address the fire safety issue. The works were due to take place in late June 2016 and when completed would address the issue adequately. Therefore, based on this evidence this outcome was found to be in compliance as the works would be completed before residents moved into the centre.

**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 provider had adequately addressed the non compliance found on the previous inspection. All staff working in the designated centre had received appropriate training in the protection of vulnerable adults.

Staff spoken with demonstrated knowledge of what constituted abuse and also provided inspectors with information of how they would respond if they suspected or witnessed abuse. An inspector also interviewed the new team leader (person participating in management) of the centre. She outlined to them what her roles and responsibilities were to ensure residents were safeguarded in the centre. She also demonstrated knowledge of safeguarding procedures and appropriate response to allegations of abuse, for example the implementation of a preliminary screening, contacting the designated person and protection of 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):**

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

**Findings:**

Findings from the previous inspection had indicated there wasn't always a plan in place in the centre to direct care for residents' healthcare needs following review by a medical practitioner, for example recommendations from residents' general practitioner (GP),

allied health professional or consultant.

Inspectors reviewed a sample of personal plans to review how the person in charge had addressed this previous non compliance. Residents' personal plans now clearly detailed information and recommendations regarding their medical appointments. Following a review of their healthcare by a relevant allied health professional, a support plan was created reflecting recommendations to direct staff in the resident's health care. The action from the previous inspection report had been addressed satisfactorily.

**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:**

Previously inspectors found there weren't adequate facilities available to store medications that may require refrigeration in the centre. On this inspection, the person in charge showed inspectors a small refrigeration unit that had been purchased and could be used to store such medication if the necessity arose. The action had been satisfactorily addressed.

The person in charge had also implemented a procedure to ensure staff collecting administration charts from residents' prescribing doctors checked them before returning to the designated centre to ensure there were no issues, for example the use of correction fluid on medication administration charts. This process would adequately address the non compliance found on the previous inspection.

The team leader and person in charge of the centre also implemented a medication auditing system to ensure better practice in medication management within the centre. They had also supported some residents to change pharmacists and a pre-dosage package system was now in place which had reduced the frequency of medication administration errors. Medication management auditing had also identified where improvements could be made to further reduce the likelihood of errors occurring.

**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):**

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

**Findings:**

The actions from the previous inspection for this outcome related to an unclear admissions criteria for the designated centre.

During the course of the inspection the person in charge and team leader reviewed the statement of purpose which made the admission criteria more specific to the centre and was found to adequately address the previous found non compliance.

An inspector reviewed the updated statement of purpose during the inspection and found it met with the matters as set out in Schedule 1 of the Regulations.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The person in charge was suitably qualified and experienced to discharge her role. Previously inspectors were not satisfied that there were suitable support arrangements in place to enable the person in charge to effectively undertake the role. To action this non compliance the provider had appointed a team leader for the designated centre who worked as a person participating in management of the centre and deputised for the

person in charge in their absence.

An inspector interviewed the team leader during the inspection and found them to be a skilled, experienced and competent person with good knowledge of the regulations and their responsibilities for the management of the centre and supervision of staff.

The appointment of the team leader in a role of person participating in management of the centre ensured there were clear lines of authority and accountability for the centre. The management structure for the centre was more robust given that the person in charge was responsible for the management of a service providing support to people living independently in the community.

There was an annual governance and quality review of the service dated February 2015. This review summarised the visits from the person in charge to the centre, a review of audits completed, summary of notifications sent to the Authority, staff training and a summary of complaints.

Inspectors reviewed the six monthly audits for the centre. The provider had enhanced the written format of the audit document which now presented as an informative and detailed document clearly outlining where there was quality in practice and identifying where improvement was required. The annual review for the centre was also comprehensive and identified key quality indicators for the service and identified goals for improvement in the service for the next year. The provider had adequately addressed the non compliances found on the previous inspection in relation to auditing and annual review of the quality of service.

**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 person in charge outlined that staffing hours allocated to the centre had increased by 58 hours per fortnight. This was to address the previous non compliance found where inspectors were concerned there were not enough staff allocated to work in the

centre particularly at weekends where only one staff was scheduled on duty at times.

An inspector discussed this issue with the person in charge with regards to the length of rostered shift staff were still expected to work. For example, staff were rostered on from Friday evening and worked until Monday morning. This shift included sleep over also. At the time of inspection staff were still rostered to work lengthy shifts on their own. The person in charge outlined to inspectors that there would be changes in the length of staff shifts to ensure they were shorter which would ensure staff did not lone work for prolonged periods of time.

**Judgment:**  
Compliant

**Outcome 18: Records and documentation**

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

**Theme:**  
Use of Information

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

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

**Findings:**

The management of healthcare records had improved. Personal plans included documentation pertaining to appointments and healthcare reviews and recommendations by allied health professionals.

The residents' guide had been reviewed and updated and was available in each residential unit of the centre.

Inspectors found appropriate management systems were in place for the maintenance and retaining of records relating to residents in the designated centre.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Ann-Marie O'Neill  
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 Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004475
<b>Date of Inspection:</b>	03 June 2016
<b>Date of response:</b>	18 July 2016

### 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:**

There was not enough detail in the complaints log with regards to the complaints residents had logged, the investigation or process that had been carried out and if the resident or complainant was satisfied with the actions taken on foot of their complaint.

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



**1. Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

A person will be nominated to handle the complaint. This person will either be the PIM or the PIC and if it's deemed these people have been involved in the complaint the Social Worker will be the nominated person.

The complaints log has been updated to reflect and record actions taken on foot of a complaint. A complaints record form will be completed to provide information of the investigation process, action and outcome. If the complainant is not happy with the outcome of his/her complaint he/she will be advised of his/her right to request an independent review.

All documents relating to the complaint will be located with the complaints log and in the complainant's personal file. If the Social Worker is involved she will also retain a copy of all the documents.

**Proposed Timescale:** 15/07/2016

**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:**

Inspectors did not find evidence of transition plans for residents that were intending on moving into a new residential unit within the centre.

**2. Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

Transition plans are currently in place forming part of the person centred plan with on-going updates. It is envisaged they will be completed approximately one month after the individuals move to their new residence.

**Proposed Timescale:** 26/08/2016

