

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005451
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	David Walsh
Lead inspector:	Raymond Lynch
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
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.

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: 07 June 2016 08:30 To: 07 June 2016 14:00

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection

This centre was an autism specific centre for adults on the autistic spectrum. A number of previous inspections found that the entity was not fit for its stated purpose and residents were in receipt of unsafe services and poor quality outcomes. As a result of this, the Health Services Executive (HSE) has been acting as provider for the centre since 9 May 2016.

The HSE have a memorandum of understanding in operation with another autism specific service provider, Gheel Autism Services to manage the day-to-day operations of the centre and to put systems in place to improve outcomes for all residents living there. Gheel Autism Services are required to submit weekly risk reports to HIQA on the progress they have made in bringing the centre into compliance with regulations.

This was an unannounced inspection in order to assess how the centre was progressing with the actions identified by the Health Information and Quality Authority (HIQA) on previous inspections. It was also to provide assurances to HIQA that the weekly risk reports being submitted by the centre were being implemented and were bringing about improvements in service delivery to residents.

How we gathered evidence

The inspectors met and spoke with residents, staff members, the person in charge, the general manager, the team leader and the management team from Gheel Autism Service over the course of the inspection.

Key policies and documents were also viewed as part of the process including a sample of rosters, the risk management policy, the safeguarding policy, training materials and a sample of care plans. Some residents and a family member were also spoken with.

Description of the service

The service provided autism specific 24 hour residential support for adults with a primary diagnosis of Autistic Spectrum Disorder. The centre comprised of eight houses and six single unit apartments across approximately 70 acres of land and supported both male and female residents. Although it was in close proximity to a nearby town, the location of the centre meant that transport was required to access amenities such as shops, restaurants, pubs, barbers, hairdressers and churches in that town.

Transport was provided by the centre, however, it was limited and not always readily available to residents. The inspectors were assured that the new management structure in place was actively working to address this issue.

Overall judgment of our findings

This was a follow-up inspection to assess how the centre was progressing with the actions identified by HIQA on previous inspections. It was also to provide assurances that the weekly risk reports being submitted by the centre to HIQA were being implemented and were bringing about improvements in service delivery to residents.

While some issues were still evident, the inspectors were satisfied that the actions required from previous inspections were systematically being prioritized and addressed. The inspectors were also satisfied that Gheel had commenced prioritizing and addressing the most pressing issues and concerns in the centre, thus bringing about improvements in the quality and safety of service delivered to residents.

For example, the service now had regular support from a team of multi-disciplinary professionals such as psychologists, staff training had commenced in care planning and a specially trained nurse had been brought in on a full time basis to support the staff with the management of medicines across the centre.

Of the eight outcomes assessed five were found to be compliant including governance and management, healthcare needs, risk management and safeguarding. A moderate non compliance was found in social care needs while workforce and medication management were found to be substantially compliant.

Gheel Autism Services were only in place for four weeks, however, the inspectors were reassured that they had already satisfactorily addressed some areas of non-compliance and had a robust plan of action drawn-up to improve the quality and safety of service delivered to the residents.

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 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:

Previous inspections found that residents' personal plans and assessment of needs required review and improvement to ensure that all needs were adequately assessed and plans of care were in place to guide staff in meeting residents' needs. However, while the process of developing comprehensive care plans had been commenced and staff training on how to populate care plans was on-going, not all the required arrangements were in place as of yet to meet some of the assessed needs of each resident.

The previous inspection found that social care plans were not being adequately maintained, reviewed or populated. This in turn meant that staff supporting residents were not provided with adequate guidance on how best to meet the residents' needs in the centre.

However, this inspection found that all staff had been provided with one-to-one guidance, training and support on how to complete and populate new and updated support plans and templates for each resident living in the centre. It was also observed that part one of this new template had been completed for all residents and part two was already in progress.

It was also noted that there had been an initial investigation into what local activities and social opportunities might be available to residents in their local nearby towns. The quality and training manager informed the inspectors that this would help for the completion of more comprehensive social care plans and support the development of a

structured meaningful day for each resident.

The inspectors viewed a guidance document titled 'How to Support Me', which formed part of the support plans for each resident. The purpose of this document was to help staff to be more informed in providing a consistent approach when supporting residents. It was also to provide staff with information on how best to support each resident. On reading this document the inspectors observed that it had been completed with the resident, who was supported by their key worker, location manager, family member and multi disciplinary input where required.

Inspectors were satisfied with the progress made regarding the implementation of the new and updated support plans and the on-going provision of support and training to staff on how to populate them.

However, because the new systems of governance and management were only four weeks in place by the date of this inspection, not all the required arrangements were in place to meet some of the assessed needs of each resident. For example, some issues remained with regard to the provision of individualised social care activities for residents and the provision of transport to access local amenities and facilities was not adequate.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspectors only looked at additions and/or changes made to the premises that were undertaken to better support the residents on this inspection.

Both inspectors were satisfied that the actions taken by the new management systems in place were ensuring that the premises were being adapted to meet the primary needs of the residents and to promote their safety. For example, it was observed that steps had been removed and ramps had been installed and where required, adaptations were made so as to provide for a safer environment for the residents.

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:

Previous inspections found that there was a lack of robust systems to identify, manage and review risk. Under the new system of governance and management this inspection found that systems were being put into place to identify and manage risk proactively throughout the centre.

A review had taken place of the policy related to risk management and plans were being implemented to update the risk register so as to identify and manage risk throughout the centre. A template had been designed and the inspectors saw that when completed, this template would identify all environmental risks and the actions required to mitigate such risks. Individual risk assessments were also in the process of being reviewed and updated.

For example, an incident had occurred where a resident had a recent fall. The inspectors found that a falls risk assessment had been updated for that resident.

Issues related peer to peer aggression were being monitored closely and where required measures were being put in place to prevent incidents and/or accidents occurring in the centre. For example, one to one support was provided on a 24/7 basis for residents that required it. The number of notifiable incidents had also decreased since the new management structure was put in place.

No issues were identified regarding fire safety. Suitable fire equipment was provided throughout the centre, escape routes were seen to be unobstructed, there were prominently displayed procedures for safe evacuations and all residents had a personal emergency evacuation in place. Fire equipment was serviced as required and fire drills were facilitated in line with regulations.

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:

Previous inspections found that there were inadequate measures in place to protect some residents from abuse. This inspection found that measures were now in place to protect residents from abuse, the policy on safeguarding had been updated in line with current policy and training had been organized for all staff working in the centre on how to recognize and respond to allegations of abuse.

The policy on safeguarding 'Recognising and Responding to Allegations of Abuse' had been updated on 17 May 2016. The policy was to ensure each resident living in the centre would be protected from all forms of abuse and detailed staff responsibilities with regard to managing any incident or suspected incident of abuse.

A comprehensive training package on safeguarding was also developed for all staff working in the centre and dates for delivering this training had been prioritized. The principal social worker had also committed to providing training to designated officers for the site, once identified. Three candidates for role of designated officer had been identified by the time of this inspection.

Training for all managers and team leaders had already taken place on restrictive practices. The inspectors saw the training materials and found that they covered areas for consideration such as human rights and promoting a restraint free environment.

From speaking with some managers and team leaders the inspectors were assured that the training was beneficial and they spoke very positively of it. They had also shared the training materials with all staff in the centre. Dates were to be organized so as all staff would attend this training as well.

Staff had also been provided with training on understanding autism, the importance of promoting a low arousal person centred approach to residents and the importance of relationship building when working with people with autism.

Again the inspectors saw the training package and found that it was a comprehensive overview of the condition of autistic spectrum disorder and was informative of how best to promote a person-centred approach for the residents.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The previous inspection found that improvements were required to ensure where healthcare needs had been identified the appropriate plan of care was implemented and residents were supported to attend the appropriate health care professional.

However, on this inspection the inspectors found that arrangements were in place to ensure that residents health care needs were reviewed with appropriate input from allied health care professionals where and when required.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to the local GP and a range of other allied health care services as and when required.

A new and updated care planning system was being implemented and the inspectors were assured that once completed residents healthcare needs would be provided for thoroughly. As it was residents had access to their GP as and when required. Access to a range of other allied health care professionals was also provided for. The centre also had the support of a full time specially trained registered nurse.

Two new psychologists has also been secured to support best mental health and where required residents had access to both psychology and psychiatry supports.

Mealtimes were observed to be relaxed, person centred and taken at the residents pace. Staff were also observed interacting and chatting with residents while preparing the dinner in the kitchen.

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):

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

Findings:

In previous inspections issues were identified relating to certain medication management practices, in particular the practices relating to the administration of p.r.n. medicines (a medicine only taken as the need arises) required significant improvement to ensure that these medicines were used in a consistent safe manner.

A skilled and qualified nurse had been seconded into the service since Gheel Autism Services came on board. The nurse had completed an audit on all medicines in use in the centre since his arrival.

A medication stock control folder was also introduced so as to ensure that stock was well monitored and audited. As a result of these actions, the HSE had committed to provide additional nursing support to deal with the issues arising with medication management in the past. This nurse was to take up their post on the week of the 13 June 2016.

A medication systems analysis was also due to be completed, which was to create recommendations to support improvement for medication administration in general.

Systems were in place for the safe administration, and prescribing of medication. Individual medications plans were appropriately reviewed and processes were in place for the safe handling of medications. Systems were also in place to review a medication error should it occur. The system included the recording and reporting of an error, what corrective action would be taken and what learning occurred after the incident.

Issues were identified in the last inspection regarding the storage of medication. For the most part this had been addressed; however, the inspectors observed that in some parts of the centre more work needed to be done in order to address these issues completely.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The previous inspection found that there were poor management systems in place to support and promote the delivery of safe, quality care services. However, under the new governance arrangements the inspectors were satisfied that there were robust systems of management in place to promote the delivery of safe care to residents.

This centre was an autism specific centre for adults on the autistic spectrum. A number of previous inspections found that the centre was not fit for its stated purpose and residents were in receipt of unsafe services and poor quality outcomes. Because of this the Health Services Executive (HSE) has been acting as provider for the centre since 9 May 2016.

The HSE developed a memorandum of understanding with a project team from Gheel Autism Services (specialists in services for people on the autistic spectrum) to manage the day-to-day operations of the service. This project team immediately set about addressing the issues of non-compliance as identified in previous reports with the input, cooperation and support of the person in charge, two team leaders and the general manager of the service.

By the time of this inspection the person in charge, general manager, team leaders and the team from Gheel had already addressed some of the training deficits and had secured additional staff such as nursing professionals and additional care staff. Where required additional support was also provided by two new psychologists.

New systems of staff supervision had been implemented and the inspectors viewed a sample of these. They were found to be informative and supportive to staff. For example, some staff had identified through the process of supervision that they and the residents would benefit from additional training such as first aid.

The person in charge and team leaders had also provided this training by the time of this inspection. Other staff had been facilitated to undertake appropriate third level education relevant to their role as well.

A nurse was on site every day and supported staff with medicines management. Of the staff spoke with by inspectors they reported that this was a very welcome and necessary support.

There was a general manager in place who was supported by a full-time person in charge. The person in charge was found to be responsive to and knowledgeable of his role and remit to the regulations. He was found to be supportive to her staff and welcomed the support and input being provided by Gheel Autism Services. Gheel in turn were keeping the HSE informed on a weekly basis of all progress made to date and of any relevant issues and/or concerns.

There were also two team leaders who supported management in the day-to-day operations of the centre. They checked in with the staff members of each house that comprised the centre each morning.

A new system of internal audits had commenced since the last inspection. They were found to be informative of where the centre was compliant regarding regulations and identified actions regarding areas of non-compliance. The inspectors were satisfied that given time the actions identified from the audits would be addressed.

The general manager, person in charge and team leaders were also providing all staff with training on the Health Act and the Regulations as they pertain to disability services. Staff informed inspectors that this training was useful and provided them with important information on how they can work with the regulations in promoting a safe and quality based 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):

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

Findings:

The previous inspections found that the provider did not have adequate staffing levels and skill mix to provide a safe and good quality service to residents. This inspection

found that the new systems of governance and management had improved the situation significantly, however, there was still a shortage of care staff to be addressed.

Since Gheel Autism Services took over the day-to-day management of the service they had secured two new nursing staff and three additional care workers. Input had also been secured from a multidisciplinary team that included psychologists and dieticians.

While many staff had the required mandatory training for their role, additional training had been provided such as training on restrictive practices and care planning. Other training such as safeguarding had also been prioritised.

For new staff commencing in the service a comprehensive induction was to be provided. Inspectors observed that the inductions were tailored to each house that comprised the service.

Staff were being supervised in accordance with their roles and from viewing a sample of supervision notes the inspectors were assured that the supervision was of a good quality and was supportive to staff.

While a number of new staff had commenced working in the centre it was observed that there was still a need for some additional care staff. However, the person in charge informed the inspectors that he was interviewing a number of candidates for the role of care worker within the next week. He had hoped that from these interviews he would be able to secure a number of care workers in order to address the staffing issues.

Judgment:
Substantially 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:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005451
Date of Inspection:	07 June 2016
Date of response:	12 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 05: Social Care Needs

Theme: Effective Services

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

Inspectors observed that comprehensive care plans were a work in progress. However, because the new systems of governance and management were only four weeks in place by the date of this inspection not all the required arrangements were in place to meet the assessed needs of each resident.

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

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. The service user accessible version of the Support Plan has been distributed to all service users and are in the process of completing this, with support from Key Workers. 08/08/2016
2. Development of role of 'location coordinator' in each house. This is a designated person in the house to support the necessary administration work on a part-time basis. This person will support the ongoing development of social care plans and assessments in houses. 01/08/2016
3. Autism Awareness training for all staff to be delivered. This will support the understanding and improved practice for staff. 01/09/2016
4. All staff will receive Report Writing Training. This will support the development of high quality plans and assessments. 05/08/2016
5. Support from two assistant psychologists will support the team to further develop 'How to Support Me' guidelines for service users. These are guidelines to inform the understanding of how a person prefers to be supported. 01/09/2016
6. Annual review meeting for service user, with input from family and any allied health professional will be introduced. 01/09/2016
7. Support Plan document is being reviewed section by section. This is to allow sufficient time for staff to develop informative and factual assessments and plans to support these. Commenced 18/05/2016
8. The staff team receive training from an experienced social care worker in the development of each section, and are supported by the Team Leader and PIC in the development of same. Commenced 18/05/2016
9. Ongoing review of the staff requirements and configuration of working days to ensure adequate staff on site to support the needs of service users. Commenced 18/05/2016
10. Guidance document created for the Support Plan to guide keyworkers to develop plans in line with best practice. This is available in the office for support when writing plans and assessments. 08/07/2016

Proposed Timescale: 01/09/2016

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:

The storage of medication required review in some parts of the centre

2. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

1. New storage cabinets have been purchased and placed, where possible, in the sleeper rooms of each house allowing for safe storage of medications. In place for 4 houses since 04/07/16 – Remaining 4 houses to have alternative system in place by 31/08/2016.
2. Individual storage boxes identified with name and picture tags are being placed in the storage cabinets allowing for individualised storage. To be complete by 29/07/2016
3. A new prescription/kardex booklet has been approved and will be rolled out incrementally across the service. This has been approved by the GP and Pharmacist and should allow staff more understanding to follow medication process. By 31/08/2016
4. The implementation of the new storage cabinets allows for medications to be delivered directly to each house cutting out an unnecessary storage phase at the nurses station. By 31/08/2016
5. New forms have been introduced for the signing in and out of medications accounting for all medications handled. In Place since 20/06/2016
6. A nurse is on site five days per week to work with staff and liaise with GP and Pharmacy overseeing the full medication management process. In Place since 30/06/2016
7. A new medication management policy is in development and will align to new practise. By 31/08/2016
8. Training for staff on Safe Administration of Medication has been rolled out for all remaining untrained staff and individual competency assessments are being rolled out with assessment from the Nurse. To be complete by 17/08/2016
9. New medication Stock Management folders in place in each house tracking the ordering, receipt and disposal of medications. In Place since 20/06/2016

Proposed Timescale: 31/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Additional staff were required to ensure that all the assessed needs of residents were met in a timely manner.

3. 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:

1. Immediate arrangements in place with agencies to provide up to 10 full time social care staff for the duration of the memorandum of understanding. All new staff to have the following training prior to arriving on site Emergency First Aid, MAPA, Patient Moving and Handling, Safeguarding of vulnerable Adults, Fire Safety. Interviews took

place on 09/06 and 29/06/2016 resulting in five new starters to date with four more awaiting clearance to start - to be complete by 05/08/2016.

2. Needs assessment carried out on residents of each house to identify the appropriate Whole Time Equivalent staff ratios required to support the needs and a proposal based on this to be submitted to the HSE. By 31/08/2016

3. Introduction of a new enhanced post of Location Coordinator to provide 8 hours per week of additional administrative support within each house for the duration of the Memorandum of Understanding to support the introduction of new policies and procedures within houses, support the internal audit functions, support the management team in oversight and governance of practise in houses, support the development and implementation of support plans. By 05/08/2016

4. Identify the current staff training and education profile highlighting deficits and immediate training requirements. Deficits in education and training profile to be used to inform a recruitment plan and staff development plan. By 31/08/2016

5. Internal roll out of Report Writing training, Safe Administration of Medication training, Autism Specific training and Safeguarding to improve the experience of residents and staff within the centre and allow staff to engage more effectively with clinical professionals. By 30/09/2016

Proposed Timescale: 30/09/2016