Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Drogheda Unit Sean O'Hare
Centre ID:	OSV-0002530
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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:	To:
19 June 2017 08:50	19 June 2017 14:25

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
Following a review of compliance across the Health Service Executive (HSE), the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director in relation to the significant and ongoing levels of non-compliance in centres operated by the HSE in this area.

The Chief Inspector of Social Services in HIQA required the HSE to submit a plan to HIQA which described the actions the HSE would take, in order to improve the overall safety and the quality of life for residents living in the services in this area, and to improve and sustain a satisfactory level of compliance across five core outcomes of concern which related to social care needs, risk management, safeguarding and safety, governance and management and workforce.

In December 2016, the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for residents and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations

2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:
During the inspection, the inspector met four residents who lived at the centre and three staff members. In addition, the inspector spoke with the centre's acting clinical nurse manager - grade 2 (ACNM2) and the provider's representative. The inspector also reviewed documents which related to the previous inspection's findings such as personal plans, risk assessments, rosters, training records and staff personnel files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations the inspector found that the service was being provided as described. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre was a congregated setting attached to a community hospital for older people and located close to local shops and amenities. The centre was part of the Health Service Executive (HSE) services in Donegal and provided both full and part-time residential services for adults with a disability.

Overall Findings:
The inspection was unannounced and focused on actions taken by the provider and person in charge to address the findings of the previous inspection, which occurred on the 18 April 2017. The inspector did not look at all aspects of the service provided at the centre, with six outcomes inspected as part of the follow-up inspection.

The inspector found that the provider had addressed the majority of actions identified from the previous inspection within agreed deadlines. The inspector also found that were timeframes for agreed actions had not elapsed, the provider showed that they were progressing actions in-line with their previously submitted action plan to the Health Information and Quality Authority.

The inspector found that the provider had ensured that personal plans were available to residents in an accessible format. The provider had further ensured that annual reviews looked at the effectiveness of residents' personal plans to meet their needs and recorded both the involvement of residents and their families. The provider had put actions in place to ensure residents were safe which ensured that previously identified risk management and safeguarding actions were addressed. The inspector found that although maintenance work had been completed on the general condition of the centre, its design and layout continued to not met residents assessed needs; however, the inspector was assured from discussions with the provider that they would address this action within the previous inspection's agreed timeframes.

The inspector found that the centre's management arrangements were effective, although the provider had not ensured that the appointed person in charge possessed a management qualification as required by the regulations. However, the inspector was assured that the provider had put in place measures to both effectively manage the centre and facilitate the person in charge to gain the required qualification.

Furthermore, following the previous inspection, the inspector found that the centre's staffing levels had been reviewed and reflected both residents' assessed needs and sampled risk assessments.

Summary of regulatory compliance:
The centre was inspected against six outcomes. The inspector found major non-compliance in one outcome which related to staff documentation. Moderate non-compliance was found in two outcomes which related to governance and management and the centre premises. Substantial compliance was found in health and safety and risk management, with compliance found in two outcomes related to residents' personal plans and safeguarding arrangements.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of this report.

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

Findings:
The inspector found that the provider had addressed all findings from the previous inspection. The inspector found that annual personal plan review meetings involved both the resident and their representatives and looked into the plan's effectiveness to met resident's assessed needs. In addition, the provider had ensured that personal plans were made available to residents' in an accessible version.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection

Action 1
The previous inspection had found that residents did not have accessible versions of their personal plans available to them. The provider had assured HIQA that by the 4 May 2017, accessible personal plans would be available to residents.

The inspector found that following the previous inspection, accessible personal plans were in place at the centre for residents.

Action 2
The previous inspection had found that annual review minutes did not consistently record the involvement of either residents or their representatives. The provider assured HIQA that by the 4 May 2017, weekly meetings would occur with residents or their representatives on progress made towards annual goals. In addition, by the 31 December 2017, a new annual review meeting template would be introduced which would record residents and their representatives' participation.

The inspector found that weekly goal meetings had commenced and records showed discussions with residents on their goals. In addition, following the previous inspection one resident had an annual review meeting which had been recorded on the provider's new template, this showed that both the resident and their family had attended the meeting.

Action 3
The previous inspection found that residents' activities did not consistently reflect their weekly activity schedules. The provider had assured HIQA that by the 4 May 2017; the centre's acting clinical nurse manager (ACNM) 2 would monitor and ensure that residents accessed activities in-line with their weekly schedules.

The inspector reviewed residents' weekly activity schedules and activity records and found that overall weekly schedules were followed and reflected residents' needs. Where activities did not occur, records showed the reasons why and alternatives activities undertaken. The inspector found that residents were supported to engage in a range of activities which reflected their assessed needs such as walks, reflexology, attendance at church services and meals out.

Action 4
The previous inspection found that annual reviews did not consistently look at the effectiveness of all aspects of residents' personal plans to meet their needs. The provider had assured HIQA that by the 31 December 2017, a new annual review template would be introduced which would ensure that all aspects of a resident's personal plan would be reviewed and documented.

The inspector found that since the previous inspection, the new annual review template had been introduced and used in one resident's annual review meeting. The inspector reviewed the resident's annual review meeting minutes and found all aspects of the personal plan's effectiveness was discussed including healthcare, community activities, independence skills, relationships and personal goals and that they were now clearly documented.

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

Findings:
The inspector found that the provider had progressed maintenance works at the centre's premise in-line with agreed timeframes. The inspector also found that the provider had a plan for the identification of future, more suitable premise for the centre more in-line with residents' assessed needs.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 5
The previous inspection had found wear and tear to the centre's premise such as uneven corridor and stained bathroom flooring, missing bathroom tiles and flaking paintwork. The provider had assured HIQA that by the 31 July 2017 all required repairs would be reported to the provider's maintenance department and addressed.

The inspector found that following the previous inspection, the provider had replaced the missing bathroom tiles and areas where flaking paint was previous observed had been repainted. The ACNM2 told the inspector that the maintenance department planned to clean areas of stained bathroom flooring prior to the agreed timeframes ending. In addition, the ACNM2 told the inspector that they were in the process of gaining quotations for repair work to the uneven corridor floor.

Action 6
The previous inspection found that due to the dormitory and multi-occupancy bedrooms at the centre, the premise did not provide adequate private accommodation for residents. The provider assured HIQA that that by the 30 September 2018, they would have identified a more suitable premise in-line with residents' needs, following a period of assessment and consultation.

During the inspection, the provider told the inspector that by the 30 June 2017 they would commence an appraisal of all options available to the centre in regards to the sourcing of alternative accommodation more in-line with residents needs. The provider told the inspector that following consultation with both residents and their representatives that they expected to have more suitable accommodation available to residents by the agreed timeframe of the 30 September 2018.

Judgment:
Non Compliant - Moderate

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

Theme:

Effective Services

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

Findings:
The inspector found that the provider had ensured that residents were kept safe from risk and had addressed the majority of actions from the previous inspection. The provider had reviewed all risks at the centre, ensured that staffing levels reflected residents' assessed needs and that all residents had participated in the centre's fire drills. However, staff had not completed training as recommended in residents' risk assessments.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 7
The previous inspection had found that the centre's risk management arrangements had not ensured that staffing levels and training reflected risk assessments and rationales for environmental restrictions in place at the centre. The provider had assured HIQA that by the 19 May 2017, the centre's risk register would be reviewed in relation to staffing levels. In addition, staff training would be completed and rationales for environmental restrictions would be put in place.

The inspector found that the centre's risk register had been updated by the ACNM2 and reflected all risks observed at the centre. The inspector reviewed the centre's rosters and found that they reflected risk assessments which related to nursing support being available to both facilitate residents' community and centre-based activities.

The inspector reviewed the centre's environmental restrictions such as door keypads, and found that they had been reviewed by the ACNM2 and rationales were in place for each restriction's use.

Following the previous inspection, the inspector found that all staff had not completed training in-line with risk assessments in relation to breakaway techniques.

Action 8
The previous inspection found that not all staff had received up-to-date training in hand hygiene. The provider assured HIQA that by the 30 May 2017 all staff would have completed hand hygiene training.

The inspector reviewed training records and found that all staff had completed hand hygiene training at the centre.

Action 9
The previous inspection had found that the centre's dining room fire doors did not fully close. The provider had assured HIQA that by the 30 May 2017, the provider's

maintenance department would address this finding.

The inspector found on the day of inspection that maintenance works had occurred and the dining room fire doors fully closed.

Action 10
The previous inspection found that fire evacuation records did not show that evacuation drills had been conducted under minimal staffing levels and that both full and part-time residents at the centre had participated. The provider assured HIQA that by the 4 May 2017, a fire evacuation drill would be conducted including part-time residents at the centre.

The inspector reviewed fire drill records and found that all residents had been involved in an evacuation drill following the previous inspection. In addition, records showed that evacuations had been conducted using minimal staffing levels to evacuate residents from the centre.

Action 11
The previous inspection had found that not all staff had received up-to-date fire safety training in-line with the provider's policy. The provider assured HIQA that by the 10 May 2017, all staff would have received fire safety training.

The inspector reviewed training records and found that all staff had received up-to-date fire safety training following the previous inspection.

Judgment:
Substantially 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 residents were kept safe at the centre and actions from the previous inspection had been addressed.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 12
The previous inspection found that residents' behaviour support plans did not record when they were implemented and include scheduled review dates. The provider assured HIQA that by the 30 June 2017, the centre's ACNM2 would ensure all behaviour support plans included both an implementation and review date.

The inspector found that behaviour support plans had been reviewed following the previous inspection by the provider's senior clinical psychologist and included both dates for the plans' implementation and review.

Action 13
The previous inspection had found that safeguarding concerns had not been addressed in-line with the provider's policy. The provider had assured HIQA that the ACNM2 would ensure that all future safeguarding concerns were addressed in-line with the organisation's policy, and that all safeguarding plans would be reviewed.

The inspector found that residents' safeguarding plans had been reviewed following the previous inspection by the ACNM2 who in addition was the centre's designated safeguarding officer. The inspector also spoke with the ACNM2 about procedures for addressing safeguarding concerns and found that their knowledge reflected the provider's policy.

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

Findings:
The inspector found that the provider had put governance and management arrangements in place to progress previous inspection actions in accordance with agreed

timeframes.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 14
The previous inspection had found that the provider had not ensured that appropriate arrangements were in place to cover the absence of the centre's person in charge. The provider had assured HIQA that they had appointed an ACNM2 to the centre and by the 31 August 2017 would have an interim person in charge in place subject to completion of required management qualification in-line with regulation.

The inspector found that an ACNM2 was in place at the centre, and that an interim person in charge had been identified for the centre. The provider told the inspector that the interim person in charge had commenced a management qualification and this would be completed by the end of September 2017

Action 15
The previous inspection found that formal supervision arrangements were not in place for staff at the centre. The provider assured HIQA that by the 30 June 2017, a schedule would be in place for all staff to have completed 'Personal Development Plans' (PDPs).

The inspector found that the ACNM2 had commenced PDPs with staff at the centre and a schedule was in place to ensure al staff would be met by the 30 June 2017. The inspector reviewed completed staff PDPs to date and found that they involved the ACNM2 meeting with staff to discuss their roles and responsibilities and training needs for the next 12 months.

Action 16
The previous inspection had found that the provider had not ensured that management audits were completed at the centre in-line with agreed timeframes. In addition, the provider's governance arrangements had not ensured that previous inspection and internal audit actions were addressed in-line with set deadlines.

The inspector found that following the previous inspection, management audits had been completed at the centre in-line with the provider's annual audit schedule. The inspector found that the ACNM2 had completed audits in areas such as personal plans, restrictive practices, complaints and accidents and incidents.

The inspector was assured during the inspection that the provider had put in place arrangements to address the findings of the centre’s previous inspections and internal audits within agreed timeframes such as staff training and person in charge qualifications.

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 provider had ensured that staffing arrangements at the centre reflected resident's assessed needs. The inspector also found that the provider had ensured that staff records included all required documentation under regulation, with the exception of garda vetting disclosures which were not available on the day of inspection.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 17
The previous inspection had found that staff personnel files did not contain all information required under Schedule 2 of the regulations. The provider assured HIQA that by the 30 June 2017 all documentation would be available in staff personnel files.

The inspector found that all documentation apart from garda vetting disclosures were available in staff files sampled.

Action 18
The previous inspection found that the centre's roster did not reflect staffing arrangements on the day of inspection. The provider assured HIQA that by the 5 May 2017 that an accurate roster would be maintained at the centre.

The inspector reviewed the centre's roster and found that it reflected staffing arrangements accurately on the day of inspection.

Action 19
The previous inspection found that staffing arrangements at the centre were not in-line with sampled risk assessments. The provider had assured HIQA that by the 19 May 2017, the centre's risk register would be reviewed in relation to staffing supports for residents.

The inspector found that the centre's risk register had been reviewed and updated, and that staffing arrangements at the centre reflected by risk assessments sampled and residents' assessed needs in relation to nursing staff being available to facilitate both

community and centre base activities.
Judgment: Non Compliant - Major

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:

Stevan Orme
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[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002530
Date of Inspection:	19 June 2017
Date of response:	05 July 2017

Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that although the provider had progressed actions to address previously observed wear and tear at the building , the following actions had still to be completed by the agreed timeframes of the 31 July 2017.

- uneven corridor flooring

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

- stained bathroom flooring

1. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Hall flooring to be repaired: materials ordered and plan is to start with repairs week of 17th July 2017.

Flooring in Office has been replaced.

Specialist Cleaning contactors employed to clean the bathroom flooring due to the nature of the stains, same to be done in the next 2 weeks.

Proposed Timescale: 31/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector was assured that the provider had plans in place to address the design and layout of the centre by the 30 September 2018, however the centre continued to not provide adequate private accommodation for residents.

2. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
1. An Option appraisal will be completed to identify options for more appropriate accommodation for the residents.
2. A Communication Plan will be drawn up to ensure there is consultation with residents, their representatives and key stakeholders.
3. A Consultation period will commence to discuss the options available and to agree on the most appropriate option.
4. A suitable building will be identified, proposed works will be identified and completed and an application made to the authority for registration.
5. Transition Planning will be completed in conjunction with residents and their representatives.
6. Residents will transfer to the new accommodation.

Proposed Timescale: 1. June 30th Completed 2017 2. July 31st 2017 3. September 2017 4. March 31st 2018 5. July 31st 2018 6. September 30th 2018

Proposed Timescale: 30/09/2018

Outcome 07: Health and Safety and Risk Management
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The inspector found that not all staff had completed breakaway techniques training in-line with residents' risk assessments. **3. Action Required:** Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. **Please state the actions you have taken or are planning to take:** • Refresher Breakaway Techniques Training scheduled 01.08.17 & 03.08.17 with plan to allocate the 7 staff who require training refresher. • Dates to be confirmed for Breakaway Techniques Training in full as 7 staff require the full 2 day training program.
Proposed Timescale: 31/08/2017

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The centre's person in charge did not have a management qualification in accordance with the regulations. **4. Action Required:** Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents. **Please state the actions you have taken or are planning to take:** The Staff who will be PIC for the centre is completing an appropriate leadership and management course, this training will be completed Sept 25th 2017.
Proposed Timescale: 30/09/2017
Theme: Leadership, Governance and Management **The Registered Provider is failing to comply with a regulatory requirement in**

the following respect:
The inspector found that not all staff had a completed 'Personal Development Plans' on the day of inspection, but was assured that this would be addressed by the previous inspection's agreed date.

5. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
PDP's have been completed for staff in the centre.

1 staff returned from sick leave 30.06.17 and PDP scheduled for completion by 13.07.17.

1 staff remains on sick leave and PDP will be completed on their return to work.

Proposed Timescale: 1. Completed June 27th 2017 2. 13.07.2017 3. August 31st 2017

Proposed Timescale: 31/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that evidence of garda vetting disclosures were not available in staff personnel files sampled on the day of inspection.

6. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
18 staff working in the centre have applied for Garda Vetting and the Centre is awaiting clearance documentation back.

Proposed Timescale: 30/09/2017