<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011566</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Clare</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:karendownes@clare.brothersofcharity.ie">karendownes@clare.brothersofcharity.ie</a></td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Clare</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eamon Loughrey</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Karen Downes</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
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<td>Number of vacancies on the date of inspection:</td>
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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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: To:
26 February 2014 09:00 26 February 2014 15:30
27 February 2014 14:00 27 February 2014 15:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre carried out by the Authority, it was announced and took place over two days. As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff files.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents to participate in the running of the houses and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend training workshops and part time employment. Individual protocols were developed to ensure residents were safe while living more independently. The apartments were warm, comfortable, appropriately furnished and well maintained. Residents had been involved in choosing colour schemes and fabrics during recent refurbishments.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

Areas of non-compliance related to risk management, fire safety, medication management, the person in charge not employed full time in the post and personal planning documentation which are discussed further in the report and included in the Action Plan at the end of this report.
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

Judgement:
Non Compliant - Minor

Findings:
The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal plan. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents. However, some improvements were required to ensure personal plans were outcome focussed rather than solely activity based.

The inspector reviewed personal plans. The plans set out each resident's individual needs and there was evidence of regular review and participation by residents in the development of their plans. There was evidence of regular meetings between residents, their families and key workers. Residents spoken with confirmed that they were involved in the development and review of their personal plans. While there was evidence that individual goals were discussed and documented at the annual review meeting, the goals and the name of those responsible for pursuing objectives within agreed time frames were not included in the personal plan. Staff were clearly able to explain intervention techniques for individual residents when managing behaviours that challenge but this was not documented and reviewed as part of the residents' personal planning process.

The personal plans contained personal profiles of each resident and information about residents’ interests. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. There was evidence of multidisciplinary team input into developing individual protocols to ensure residents were safe while living more independently. They also included intimate and personal care plans.
Arrangements were in place and residents were facilitated to attend day services and part time employment.

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspector noted that improvements were required in relation to some aspects of risk management and fire safety.

There was a health and safety statement available which included a generic risk assessment dated June 2012. There was no centre specific risk management policy and no system in place to assess risks throughout the centre. There were no measures and actions in place to control risks specifically mentioned in the Regulations such as the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence and self harm. The emergency plan dated 2005 was out of date and did not provide guidance for staff as to their roles and responsibilities in the event of various types of emergencies including arrangements for evacuation of the centre. There was no infection control policy in place to guide practice.

The inspector reviewed the fire policies and procedures. The person in charge told the inspector that all fire fighting equipment had been serviced in October 2013 but there were no service certificate available. There were no service records available for service of the fire alarms. The person in charge told the inspector that the fixed fire alarm panel was no longer in use and that individual smoke alarms were in place in all rooms. Systems were in place for regular testing of the smoke alarms and these checks were being recorded. Fire safety training had taken place and included evacuation procedures and use of fire equipment. Staff and residents spoken with were knowledgeable and confident in knowing what to do in the event of fire. A personal emergency and evacuation plan had been documented for each resident and staff were knowledgeable regarding the individual plans. The procedure to be followed in the event of fire was displayed in a prominent place. The person in charge told the inspector that she would address the issues regarding risk management and fire safety as a priority.
**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

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused but some improvements were required to documentation in the personal plans to provide guidance to staff on supporting residents in such areas as behavioural issues.

The inspector reviewed the policy on welfare and protection of vulnerable adults dated March 2009. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to the prevention and detection of abuse and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policy on responding to adults and children who display behaviour that challenges. The policy outlined clear guidance and directions to staff as to how they should respond to emergency situations, assess residents and plan for ongoing issues. The policy included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. Staff advised the inspector that there were no restrictive practices in use. Staff confirmed that they had received training on managing behaviours that challenge and were clearly able to explain intervention techniques for individual residents.

Residents spoken with told inspectors that they felt safe in the centre. The inspectors observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.
### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

**Judgement:**
Compliant

**Findings:**
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed residents' files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents personal plans.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents each had their own kitchen and could choose a time that suited them to have their meals. Residents spoken with confirmed that they choose their own meals and mealtimes.

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Minor

**Findings:**
The inspector noted that medications were generally safely managed, some improvements were required in relation prescribing of PRN medications.

There was a comprehensive medication policy dated July 2012 in place and staff spoken with were knowledgeable regarding medication managements policies and practices. Residents were supported to collect their own medications from the local pharmacy on a weekly basis. Systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy.
Residents were supported to self administer medications following assessment as outlined in the medication policy.

The inspector reviewed the prescription/administration charts and noted that all medications were individually prescribed and regularly reviewed by the GP. The inspector noted that the maximum dosage of some PRN medications were not always prescribed contrary to the medication policy.

The person in charge told the inspector that she carried out regular medication management checks but had not yet carried out any formal audits. She stated that she planned to now commence regular formal medication management audits.

Systems were in place to record medication errors and staff were familiar with them. All staff had attended medication management training which included a clinical competency assessment. The person in charge was qualified to facilitate medication management training.

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

Judgement:
Non Compliant - Moderate

Findings:
The person in charge while not working full time in the role had the required qualifications and experience for the post. She told the inspector that she worked 30 hours a week and was in the post since January 2014. She was a qualified nurse and had been working in the services for the past twenty years. She also had responsibility for coordinating respite services in the West Clare area as well as overseeing the running of four other residential houses and providing direct support to an individual.

The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident. She was in regular contact with staff and visited the centre weekly. The inspector observed that she was well known to staff and residents. Arrangements were in place that the regional manager deputised in her absence.
The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the regional manager and other service coordinators. The person in charge told the inspector that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

There was no formal annual review of the quality and safety of care in the centre, however, the person in charge told the inspector that she planned on commencing some audits in areas such as medication and risk management with a view to learning and carrying out improvements to the service.

### Outcome 17: Workforce

**Theme:**
Responsive Workforce

**Judgement:**
Non Compliant - Minor

**Findings:**
The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. There was normally one staff member on duty in the evening and at night time and an additional staff member on duty throughout the day at weekends. Staff told the inspector that staffing arrangements were flexible in order to meet the needs of residents. The inspector noted that while there was a staffing roster showing staff on duty it did not include the times that staff were on duty.

The inspector was informed that staff were recruited centrally and that the recruitment policy and staffing files were held centrally in the administration office. The inspector reviewed a selection of staff files at the Ennis administration office the day following the inspection. The files were found to contain all documents as required by the Regulations including references and Garda vetting.
The inspector noted that a Garda vetting system was in place for volunteers who attended the centre and their roles and responsibilities were clearly set out.

The person in charge advised the inspector there was no formal process in place to ensure that support staff had the necessary competencies to be the sole staff member responsible particularly at night time.

The management team were committed to providing ongoing training to staff. Annual performance reviews were completed with staff which included identifying areas for training and development. A broad range of training had recently been provided and there was a training plan in place for 2014 which included health and safety and risk assessment, protection and safety of vulnerable adults, epilepsy awareness, manual handling and people moving, and medication management. Staff confirmed that they were offered ongoing training, training records were maintained in the main administration office.

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
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<tr>
<td>Centre ID:</td>
<td>ORG-0011566</td>
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<tr>
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<td>26 February 2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

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

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:
Staff were clearly able to explain intervention techniques for individual residents when managing behaviours that challenge but this was not documented and reviewed as part of the residents' personal planning process.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.

Please state the actions you have taken or are planning to take:
To update the Personal Centre Plan to include strategies around the management of behaviours which challenge with input from the multidisciplinary team.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 09/04/2014  
Theme: Effective Services  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
While individual goals were discussed and documented at the annual review meeting, the goals and the name of those responsible for pursuing objectives within agreed time frames was not updated in the personal plan.

Action Required:  
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:  
To update the personal plan inclusive of the information gathered at the recent review and to add a section to reflect the time frame of those responsible for pursuing the objectives.

Proposed Timescale: 07/04/2014

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:  
There was no centre specific risk management policy and no system in place to assess risks throughout the centre.

Action Required:  
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:  
1. To draft a specific Risk Management Policy. 30/04/2014  
2. To put in place a more comprehensive risk register which includes hazard identification and assessment of same throughout the Designated Centre. 20/05/2014

Proposed Timescale: 20/05/2014
**Theme:** Effective Services

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

The emergency plan did not provide guidance for staff as to their roles and responsibilities in the event of various types of emergencies including arrangements for evacuation of the centre.

**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:**
1. To draft a Risk Management and Emergency Planning Policy inclusive of guidelines for staff re their roles and responsibilities in the event of the various types of emergencies including the evacuation of the Designated Centre. 30/04/2014
2. To draft local procedures for staff to follow in the event of an emergency evacuation of the centre. 07/04/2014

**Proposed Timescale:** 30/04/2014

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**Theme:** Effective Services

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

There were no measures and actions in place to control risks specifically mentioned in the Regulations such as the unexpected absence of a resident.

**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
1. To draft a Risk Management and Emergency Planning Policy inclusive of guidelines for staff re the unexpected absence of a resident. 30/04/2014
2. To draft local procedures for staff to follow in the event of the unexpected absence of a resident. 07/04/2014

**Proposed Timescale:** 30/04/2014

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**Theme:** Effective Services

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

There were no measures and actions in place to control risks specifically mentioned in the Regulations such as accidental injury to residents, staff and visitors.
**Action Required:**
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
1. To draft a Risk Management and Emergency Planning Policy inclusive of guidelines for staff re accidental injury of a resident, visitor or staff. 30/04/2014
2. To draft local procedures for staff to follow in the event of an accidental injury to a resident, visitor or staff. 07/04/2014

**Proposed Timescale:** 30/04/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no measures and actions in place to control risks specifically mentioned in the Regulations such as aggression and violence.

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
1. To draft a Risk Management and Emergency Planning Policy inclusive of guidelines for staff re the measures in place to control aggression and violence. 30/04/2014
2. To draft local procedures for staff to follow in the event of an incident of aggression and violence. 07/04/2014

**Proposed Timescale:** 30/04/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no measures and actions in place to control risks specifically mentioned in the Regulations such as self harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
1. To draft a Risk Management and Emergency Planning Policy inclusive of guidelines for staff re self-harm. 30/04/2014
2. To draft local procedures for staff to follow should they become aware of an incident of self-harm. 07/04/2014
**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no infection control policy in place to guide practice.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
To draft an organisational infection control policy/procedures to guide local practice.

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**Proposed Timescale:** 31/03/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no certificates of service available for fire fighting equipment and fire alarm.

**Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

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**Proposed Timescale:** 12/03/2014

**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 maximum dosage in a 24 hour period of some PRN medications were not always prescribed contrary to the medication policy.
Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Completed on 04/03/2014: The maximum dosage in a 24 hour period of PRN medication has been written up by the GP.

Proposed Timescale: 04/03/2014

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 post of the person in charge was not full time.

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:
Currently, the person in charge works 30 hours per week. This includes being person in charge for this Designated Centre and another Designated Centre, which is a part-time Respite centre. It is our intention to review this person in charge position in the next two months with a view to making it a full time position. In the meantime the local West Clare regional manager of the Service, who is based in Kilrush, will cover the 9 hours per week shortfall not worked by the present person in charge in the centre.

Proposed Timescale: 30/06/2014

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The staffing roster did not include the times that staff were on duty.

Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
<th>To rewrite the rota to reflect the times the staff are on duty.</th>
</tr>
</thead>
</table>

**Proposed Timescale:** 23/03/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no formal process in place to ensure that support staff had the necessary competencies to be the sole staff member responsible particularly at night time.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
1. To develop a detailed local induction pack which details the local protocols and practice’s used within the designated centre. 23/05/2014
2. To have all current staff read and agree and document same. 30/05/2014
3. All new staff working within the DC complete the induction with the person in charge or senior staff member prior to commencing. Ongoing

**Proposed Timescale:** 30/05/2014