Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kiltartan Services</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005293</td>
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<tr>
<td>Centre county:</td>
<td>Galway</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Galway</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Geraghty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>05 July 2016 10:00</td>
<td>05 July 2016 17:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

**Background to the inspection**

This was an follow up inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The centre had previously been inspected in January 2016. At that time inspectors identified 18 failings of regulation. The provider had submitted an action plan to HIQA stating the actions to be taken to ensure compliance with regulations. The purpose of this inspection was to ascertain if the actions had occurred as stated by the provider.

**How we gathered our evidence**

As part of this inspection, the inspector spent time with four residents and observed residents to be comfortable within their home and familiar with staff. The inspectors also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Management
and staff facilitated the inspection.

Description of the service
The centre is one house located on the outskirts of a town. The centre accommodated six residents on a full-time basis. Each resident had their own bedroom which was suitable in size to meet residents’ needs with sufficient storage space for all personal belongings.

Overall findings
Staff were observed to engage with residents in a dignified and respectful manner. Residents were also supported to maintain positive relationships with family. However, the inspector found that while progress had been made towards improving the service, additional improvements were required. This resulted in an absence of the following:
- Residents were not consistently involved in all decisions regarding the care and support provided to them
- Opportunities for residents to be involved in skill building
- Robust risk management systems
- Robust reviews of the quality and safety of care provided

The reasons for these findings are explained in the body of the report and the regulations that were not met are included in the action plan at the end of this report.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The findings of the inspection in January 2016 were that residents were not involved in decisions regarding the care and support that was provided to them. On this inspection, the inspector found that actions had been taken to address this. For example, residents had been present at personal planning meetings which identified goals that they would like to participate in. However, there were still instances in which residents were not involved in aspects of their care, in line with their capabilities. For example, guidelines had been put in place for one resident after their personal outcome meeting. The resident had not consented to the guidelines.

Furthermore, the inspector observed external providers freely entering the centre without residents or staff being aware. This did not promote residents' privacy within their home.

There had been an increase in referrals to an external advocate following the previous inspection. Actions had also commenced to provide training to staff to ensure that the individual needs of some residents did not negatively impact on the opportunities for other residents to partake in activities.

Judgment:
Non Compliant - Moderate
**Outcome 03: Family and personal relationships and links with the community**
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that residents’ access to the local community was limited in January 2016. The provider had responded by reviewing all residents’ personal plans. The inspector found that there had been an increased focus on community activities including referrals to a therapy dog programme or going for a manicure. The inspector found that action had also been taken to support residents to work towards developing links in the community. For example, some residents received a massage within their home with the aim of receiving the service in the community in the future.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
The inspector was informed that all but one resident had a written agreement in place as of this inspection, which was signed by the resident and or their representative. The inspector confirmed this by reviewing a sample of the documents. The inspector found that appropriate action was being taken to ensure that the outstanding agreement would be addressed in the near future.

**Judgment:**
Compliant
**Outcome 05: Social Care Needs**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**
Effective Services

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

**Findings:**
The inspector reviewed a sample of personal plans. The personal plans addressed both the health and social care needs of residents. An assessment had been conducted for activities of daily living which outlined the supports residents required.

In January 2016, the inspector found that a review was required to ensure that the manner in which residents were supported to eat their meals was supported by the appropriate assessments. Staff confirmed that this review had not occurred.

There was also a goal planning system in place which involved a yearly meeting. In January 2016, the inspector reviewed sample plans and found improvements were required to ensure that they were reflective of the wants of the residents. The majority of goals were also activities which could be achieved on a day-to-day basis and were based on standard resources. Examples of goals included, going out for coffee once a fortnight, hand massage in the house or listening to music in the house.

The inspector found that all goals had been reviewed following the last inspection and that the goals identified included activities such as an overnight stay or a concert. In some instances goals had not been achieved in the identified time frame of three months as agreed at the residents’ meeting. The rationale for this was not clear and when they would be achieved.

Residents and or their representative had been involved in the goal planning meeting.

**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 reviewed the risk register which had been updated to reflect hazards in the centre. Hazards identified included the risk of falls, behaviours that challenge and fire. However, the inspector identified deficits in the systems in place for the assessment and management of risk, including responding to adverse events.

The systems in place for the assessment and management of risk included the electronic completion of accident and incident forms following an adverse event. Once completed it was reviewed by the appropriate manager. However, the inspector identified incidents which had not been reviewed by management and therefore aspects of the form were incomplete. It was not clear of the action taken to prevent a reoccurrence.

Significant deficits were identified in the fire management systems during the last inspection as the inspector identified that there was an absence of adequate means of escape from residents’ bedrooms. There was also an absence of break glass units at fire exits which were key operated. The inspector confirmed that appropriate action had been taken including the replacement of glass in doors to ensure a safe route of evacuation. Fire evacuations had also occurred to demonstrate that residents could be evacuated to a place of safety within an appropriate timeframe, which was an action arising from the previous inspection.

**Judgment:**
Non Compliant - Moderate

### 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:
HIQA had been notified of allegations and suspicions of abuse following the last inspection. The inspector reviewed the information relating to the aforementioned and found that while the allegations were processed in line with policy, there was an undue delay in the completion of the required actions. The rationale for this was the vacancy in a management post. The inspector also found that the interim safeguards were not always implemented in practice. For example, constant supervision was documented as a control measure however a review of incidents did not demonstrate that this was implemented in practice.

The records maintained, relating to the proactive and reactive strategies, for responding to residents exhibiting behaviours that challenge provided sufficient information to demonstrate that the actions, as per the positive behaviour support plans of residents, were adhered to.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A review of accident and incident records demonstrated that all incidents which required notification to HIQA had been submitted following the last inspection.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.
### Theme:
Health and Development

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

### Findings:
The inspector found that while individual planning meetings had occurred following the last inspection, they did not adequately address residents’ opportunities for education, training and employment. Of the sample goals reviewed, the inspector found that they were primarily recreational, one off activities as opposed to skill building and development. An activity record was maintained to demonstrate the progress that residents had made towards achieving their goals. Activities listed included going to the hairdresser, going out to eat, walks, bus drive, mass, art, foot spa and massage.

Therefore the failing from January 2016 is repeated at the end of this report.

### Judgment:
Non Compliant - Moderate

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

### Findings:
Of the sample care plans reviewed, the inspector found that residents had regular access to their general practitioner (GP). An annual review of health by the GP was standard practice within the designated centre. There was also evidence that residents were supported to access additional supports with the relevant health professionals if required.

The inspector reviewed a sample of personal plans and found that there were plans of care in place to meet residents’ health care needs. The inspector found that they contained adequate information to provide assurances that the health care needs of residents were met.
### Judgement:
Compliant

### Outcome 12. Medication Management
_Each resident is protected by the designated centres policies and procedures for medication management._

### Theme:
Health and Development

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

### Findings:
An action arising from the previous inspection was that the legibility of handwriting to confirm that medicine was administered in line with the prescription required review. Of the sample of medicine records reviewed on this inspection, inspectors found this had been adequately addressed.

There had been four medicine errors in the centre in the previous six months. The inspector reviewed the incident reports and found that they were addressed in line with policy.

The centre currently had a practice in place which was that all medicines were administered by a registered nurse. The inspector was informed that this practice was due to be altered to include staff with other qualifications and skills set. The inspector determined that a review of the medicines management policy was required prior to this occurring.

### Judgement:
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 purpose of this inspection was to inform a decision of the registration of the designated centre under the Health Act 2007 (as amended). The post of person in charge was vacant as of the day of the inspection. Arrangements had been put in place, in which the person in charge from another centre oversaw the operation of the centre in the interim. The inspector was informed that the post was in the process of being filled. Therefore the fitness of the person in charge will be assessed prior to the registration of the centre proceeding.

The provider had systems in place for the review of the quality and safety of care provided to residents. This included audits of medication and residents’ finances. Unannounced inspections had also occurred as required by Regulation 23. An annual review of the quality and safety of care had also been conducted by the person in charge. This review was conducted utilizing the framework of HIQA.

An unannounced visit had been conducted in May 2016. However, the inspector found that the visit focused on specific aspects of service delivery including the social care needs of residents, premises and fire management systems. However, areas identified on both inspections such as residents’ involvement in decisions regarding the care and support provided to them, risk management systems and opportunities for education, training and employment had not been addressed. Therefore actions had not been identified to progress the deficits in service delivery.

An action arising from the previous inspection was that improvements were required in the governance and management systems to ensure that the systems were robust. For example, whilst audits were conducted they did not adequately identify the deficits in the provision of service as found on this inspection. The inspector reviewed the audits which were conducted following the previous inspection and found that this failing remained.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):  
No actions were required from the previous inspection.

Findings:  
Following on from the previous inspection, HIQA had been notified of the absence of the person in charge as required by Regulation 32.

Judgment:  
Compliant

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

Theme:  
Responsive Workforce

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

Findings:  
A failing identified on the previous inspection was that a review of the records as required by Schedule 2 in respect of staff did not contain a full employment history. The inspector met with a representative from the Human Resource department who demonstrated that this had been addressed.

Judgment:  
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report¹

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<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005293</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>05 July 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 September 2016</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not consistently involved in decisions regarding the care and support provided to them.

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 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

**Please state the actions you have taken or are planning to take:**
Please state the actions you have taken or are planning to take: Further Training will be provided by the Quality Enhancement and Development Department to promote the full participation of service users regarding their care. The manager will ensure that participation of service users in all reviews and decisions around their support needs is fully documented.

**Proposed Timescale:** 31/10/2016

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
External providers entered the service in the absence of staffs' knowledge.

2. **Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
All Service Providers have been contacted and advised to use the front door bell and to wait for a response.

**Proposed Timescale:** 01/08/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The arrangement in place for mealtimes was not supported by the appropriate assessments.

3. **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:**
Appropriate assessments have been completed and a meeting has been scheduled by the Person in Charge with multi-disciplinary staff and the staff team for the 29th of September to discuss the implementation of the recommendations.

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<th>Proposed Timescale: 01/10/2016</th>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents were not consistently supported to meet their personal goals within the specified time frames.

**4. 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:**
A review meeting is scheduled for all key workers with the Quality Enhancement and Development to review the goals and to ensure that appropriate time frames are specified and that residents are consistently supported to achieve their goals.

| Proposed Timescale: 31/10/2016 |

**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 systems in place for the assessment, management and ongoing review of risk were not consistently implemented.

**5. 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:**
The Person in Charge will ensure the system to review accidents and incidents is implemented according to the "Policy on Management and Reporting of Accidents, Incidents and Critical Incidents“ in as timely a manner as possible. Furthermore a team meeting will be held on a regular basis and all incidents and accidents will be reviewed by the Person in Charge and the Team Leader.

| Proposed Timescale: 01/10/2016 |
Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an undue delay in implementing necessary actions arising from allegations of abuse.

6. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The management post has been filled. The Person in Charge will ensure all outstanding issues and actions will be completed. A Multi-D Meeting has been scheduled for the 29th September to review the safeguards and the required actions in order to ensure their implementation.

Proposed Timescale: 01/10/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not adequately supported to achieve their potential in respect of training and development.

7. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
Each Key worker and Service User, with the support from the Quality Enhancement Department will review goals and ensure that there is a training development and skill building component for each person.

Proposed Timescale: 31/10/2016

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 unannounced inspection did not adequately address all aspects of the quality and safety of care provided to residents.
8. **Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
All future unannounced six monthly inspections will include a detailed progress report on actions required from all previous inspections.

**Proposed Timescale:** 31/12/2016