

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kilcoskan House
<b>Centre ID:</b>	OSV-0003712
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Three Steps
<b>Provider Nominee:</b>	Susan Tighe
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	2

## **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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 15 November 2016 09:30 To: 15 November 2016 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an eight outcome inspection carried out to inform monitor compliance with the regulations and standards, and further to notification of the appointment of a new person in charge. The previous monitoring inspection was undertaken on the 27 April 2015 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection the inspector spent time with the two young people living in the centre. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspector interviewed the service manager, the person in charge, acting deputy manager and a social care worker. The inspector reviewed care practices and documentation such as support plans, medical records, accident logs, policies and procedures and staff files.

## Description of the service:

The service provided was described in the providers statement of purpose, dated November 2016. The centre provided full-time care for up to four children with an intellectual disability from 9-18 years of age. However, at the time of inspection there were only two children residing in the centre. The centre consisted of a large dormer bungalow with four large bedrooms with access to two bathrooms. It was situated in a rural setting but within driving distance of a town. There was a spacious garden and play area outside of the centre for children to play in.

## Overall judgement of our findings:

Overall, the inspector found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. The majority of the deficits identified in the last inspection had been addressed. The person in charge had been appointed to the role in July 2016 but had worked within the service for more than six years. He demonstrated adequate knowledge and competence to participate in the management of the centre. In addition, he was dedicated and passionate about the children in his care and respected by the staff team.

## Good practice was identified in areas such as:

- Young people's healthcare needs were met in line with their personal plans and assessments (Outcome 11)
- Young people were protected by the centres policies and procedures for medication management (Outcome 12)

## Some areas of non compliance with the regulations and the national standards were identified. These included:

- Arrangements for the management of some risks continued to require improvement (Outcome 7);
- A corrective action plan had been put in place to address the deficits identified in the most recent unannounced visit by the provider. However, the timelines and persons responsible for specific actions were not specified. (Outcome 14);
- The full staff complement was not in place and staff supervision arrangements required improvement (Outcome 17)

**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:**

Overall young people's well being and welfare was maintained by a high standard of evidenced-based care and support. However, improvements were required in relation to the personal plans.

Each young person's health, personal and social care needs had been assessed and was being monitored. Each of the young people had a personal plan in place. There was evidence that the young people and their representatives were involved in developing their plans. There was also significant involvement of allied services including psychotherapy, occupational therapy and speech and language therapy. The plans outlined individual wishes and preferences. There was evidence that goals were set for young people. However, the inspector found that a number of goals set were not specific or outcome focused. For example, a goal for one young person was to 'go on as many community outings as possible'. In addition, priority goals were set for young people on a monthly basis and recorded on a 'my smart goal setting' worksheet. It was then proposed that individual work reports would be used to record work undertaken and progress made. However, this was not always undertaken. The inspector also identified where recommendations from an allied health professional had been made for one of the young person but these had not been included in their personal plan.

There were processes in place to review young people's personal support plans with the involvement of young peoples representatives and appropriate members of the multidisciplinary team. Each of the young peoples personal plans had been reviewed within the last year.

It was evident that the young people engaged in a good range of activities in the community. These included, weekly hip hop dance class, social club, library, cinema and walks in local park. Each young person had a weekly activity schedule in place. Young people's wishes and preference for social activities were well supported.

At the time of the last inspection, a discharge from the centre was not completed in a planned way and there was insufficient consultation with the child and their parents in relation to the discharge. On this inspection, the inspector found that a recent discharge had been well planned with a detailed transition plan put in place. In addition, there was evidence of adequate consultation with the young persons family regarding the transition and discharge plans.

**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:**

Overall, the health and safety of young people and staff were promoted. However, arrangements for the management of some risks continued to require improvement.

There was a risk management policy in place which met the regulatory requirements. The inspector reviewed a sample of individual risk assessments for young people which contained a good level of detail, were specific to the young person and had appropriate measures in place to control and manage the risks identified. There was evidence that impact risk assessments had been undertaken on occasions whereby individual young peoples behaviour was identified as impacting on others. At the time of the previous inspection, inspectors found that not all risks in the centre had been assessed. On this inspection, the inspector did not identify any risks that had not been assessed. However, some risk assessments in place, had not been reviewed for a prolonged period. The person in charge outlined that an environmental and social care risk register were in the process of being put in place. There was a risk assessment procedure in place, dated March 2014 to guide staff.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving the young people. There was evidence that significant event notifications were audited at regular intervals. It was noted that there had been a large number of significant events in the centre in the three months preceding the

inspection. These were directly related to one young persons behaviour that challenged. This young person had recently been discharged. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed with learning agreed. There was evidence that trends of incidents were reviewed by the management team. This meant that opportunities for learning to improve services and prevent incidences were being promoted.

There were satisfactory procedures in place for the prevention and control of infection. The inspector observed that all areas were clean and generally in a good state of repair, although tile grouting in one of the bathrooms was stained and a small number of tiles required replacing. There was a cleaning schedule in place. Records were maintained of tasks undertaken. Colour coded cleaning equipment was used in the centre and securely stored. The inspector observed that there were sufficient facilities for hand hygiene available. Paper hand towels were in use in the kitchen and bathrooms. Staff interviewed had a good knowledge of infection control requirements.

Fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and as part of internal checks in the centre. The inspector found that there was adequate means of escape and that fire exits were unobstructed. A procedure for the safe evacuation of the young people in the event of fire was prominently displayed. Each young person had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures.

**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:**

There were measures in place to keep young people safe and to protect them from abuse. However, improvements were required in relation to the safeguarding policy in place.

The centre had a policy on the prevention, detection and response to abuse but it was not dated. The policy was in line with Children First, National guidance for the protection and welfare of children, 2011. However, the designated liaison person and centre manager were incorrectly identified in the policy. There had been a number of allegations or suspicions of abuse in the previous 12 month period which had been dealt with appropriately. Inspectors observed staff interacting with the young people in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Training records showed that three staff required updated safeguarding training but that this training had been booked. There was an intimate care policy in place, dated January 2015. The inspector found that the young peoples intimate care needs and requirements were documented in sufficient detail to guide staff.

Young people were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a behaviour support and use of restrictive practices policy in place, dated January 2015. At the time of inspection, inspectors found that behaviour support plans were not consistently detailed to guide practice. On this inspection, the inspector found that behaviour support plans had been put in place and were reviewed at regular intervals for both of the young people. They outlined the presenting behaviour, common triggers, preventative action plan and response if behaviour occurred. Records showed that staff had received training in the technique adapted by the centre to manage behaviours that challenged.

Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. There was evidence that the services psychotherapist provided support and guidance for the centre. The service's psychologist and behaviour therapist had resigned from their posts within the previous six month period but had not yet been replaced. Individual learning plans for the young people had been put in place by the behaviour therapist before her departure. A young person who had recently been discharged from the centre had presented with significant behaviour that challenged which had negatively impacted on the other young people. However, at the time of this inspection, there had been a significant improvement in the incidences of behaviour that challenged for the two remaining young people living in the centre.

At the time of the last inspection, it was not clear if all restrictive practices were reviewed to ensure that all alternative measures were considered before a restrictive practice was used. On this inspection, the inspector found evidence that restrictive practices in use in the centre were monitored by the person in charge and service development manager on a monthly basis. There was a system in place to record restrictive practices in place. Risk assessments and audits had been undertaken for all restrictive practices. Audits There was evidence of discussions with young peoples advocates regarding the use of a specific restraints for individuals. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

**Judgment:**

Substantially 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):**

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

**Findings:**

At the time of the last inspection, two children had school placements on a less than full time capacity. At the time of this inspection, both of the young people living in the centre were attending school on a full time basis. Staff outlined how the young people enjoyed school and had a good circle of friends.

Other aspects of this outcome were not inspected at the time of this inspection.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Young people's healthcare needs were met in line with their personal plans and assessments.

There were a number of policies in place to guide staff. These included: a policy on medical attention, dated January 2015 and a policy on health and well being, dated January 2015. At the time of the last inspection, the inspectors found that a medical assessment had not been completed for one young person and therefore their health needs had not been thoroughly assessed. At the time of this inspection, inspectors

found that a full medical and dental assessment had been completed for each of the young people. Each of the young people had low medical needs and support requirements and these were met by the care provided in the centre. Hospital passports were observed on each of the young peoples files which contained a good level of detail to guide a health professional if so required. Each of the young people had their own general practitioner (GP) and an out of hours GP service was also available. A log was maintained of all visits to the GP.

The centre had a fully equipped kitchen and a dining area. The service had a policy on nutrition, dated January 2015. A range of nutritious, appetizing and varied foods were available in the centre for the young people. Meal times were at times which suited the young people. A good supply of healthy snacks was available for young people to choose from.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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

### **Findings:**

Young people were protected by the centres policies and procedures for medication management.

There was a medication policy and procedure in place. The inspectors reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure cupboard. There was a medication fridge available for use. There were appropriate procedures in place for the handling and disposal of unused and out of date medications. There were no chemical restraints used in the centre. At the time of the last inspection, the inspectors identified that observation of practice did not form part of the formal competency assessment for medication administration. This has since been addressed by the external medication trainer. A staff signature bank had recently been put in place and a small number of staff were identified as outstanding to complete same.

There were some systems in place to review and monitor safe medication management practices. Regular audits of medication practices were undertaken by the acting deputy

manager. There was evidence that actions were taken to address any issues identified. There was mediation guidance, to guide staff, for each individual medication in use.

There was evidence that a self administration of medication assessment had been undertaken for each of the young people but had found that it was not suitable for the young people to manage their own medications.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

A clear governance and reporting structure was in place which provided clear lines of accountability and responsibility. There were some management systems in place to ensure that the service provided was safe and effective. However, some improvements were required.

The centre was managed by a suitably qualified and skilled person in charge. The person in charge had only taken up the position in July 2016. He had a background as a registered nurse in intellectual disability and he was in the process of completing a masters in social care management. The person in charge reported to the service manager. The person in charge had worked within the service for more than six years and worked as assistant manager for almost two years before taking up the person in charge position in July. He was supported by an acting deputy manager. Staff interviewed told the inspectors that the person in charge was a good leader, approachable and supported them in their role. Young people were observed to interact warmly with him. The person in charge was knowledgeable about the requirements of the regulations and standards. He also had a clear insight into the support needs and plans for the young people living in the centre.

At the time of the last inspection, inspectors found that an annual review of the quality and safety of care and support had not been completed. Since that inspection, an annual review of the quality and safety of care and support was completed for 2015 and

included the views of residents families and the staff team regarding the quality of care being delivered. The annual report had been made available to residents and their families. Unannounced visits by the provider on a six monthly basis had been undertaken in accordance with regulatory requirements. The inspector reviewed the most recent report which was dated October 2016. A corrective action plan had been put in place to address the deficits identified in this visit. However, the timelines and persons responsible for specific actions were not specified. Medication audits were undertaken on a monthly basis. There was evidence that some other audits had been undertaken in relation to significant events, restrictive practices, complaints, rights based issues but not on a regular basis and not for an extended period before this inspection. A number of other checks were undertaken on a regular basis in relation to health and safety, fire, car, finance and medications.

On call arrangements were in place and staff were aware of these and the contact details.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There was an appropriate staff skill mix in place to meet the assessed needs of the young people. However, the full staff complement was not in place and staff supervision arrangements required improvement.

The skill mix and qualifications of staff were suitable to meet the assessed needs and support requirements of the young people. However, at the time of inspection, there was a vacancy for one whole time equivalent and one half time social care worker position. This had necessitated the use of some agency staff but the inspector noted that the same agency staff were used when required. This provided some consistency for the young people in terms of care givers. It was reported that recruitment was underway to fill these positions. Staff spoken with demonstrated a good knowledge of the residents and competency in their roles. There were actual and planned staff rosters in place which had been appropriately recorded.

There was a staff training and development policy in place. Training records showed that all mandatory training in manual handling, safeguarding and fire safety was up to date or where gaps were identified these were already scheduled within a very short time frame. A staff code of practice, dated January 2015, was in place. The inspector reviewed a sample of staff supervision records which were of a good quality. However, supervision had not always been undertaken within the frequency specified in the providers policy.

There was a staff recruitment, training and support policy in place. A staff induction checklist was in place and completed for all new staff. An examination of a sample of personnel files showed effective recruitment procedures for staff with the regulatory requirements of schedule 2 regarding staff documentation being met. No volunteers were used at the time of inspection. There was a procedure for the use of agency staff and sourcing of the required documentation was outlined.

**Judgment:**  
Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

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

Maureen Burns Rees  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Three Steps
<b>Centre ID:</b>	OSV-0003712
<b>Date of Inspection:</b>	15 November 2016
<b>Date of response:</b>	23 January 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 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A number of goals set for young people were not specific or outcome focused. For example, a goal for one young person was to 'go on as many community outings as possible'.

Progress in achieving goals set were not clearly recorded.

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

Recommendations from an allied health professional had been made for one young person but these had not been included in their personal plan.

**1. 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:**

Training will be provided to the staff on implementing a SMART goal setting system with the residence. The PIC will review the young people's goal monthly to ensure they are specific and outcome focused.

A system for recording outcomes and achievements will be implemented by the PIC.

A personal plan meeting will be scheduled to review and update the residence Personal Plan, all professional involved in the care of the residence will be invited to the meeting and their recommendation will be included in the personal plan

**Proposed Timescale:** 28/02/2017

**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:**

Some risk assessments in place, had not been reviewed for a prolonged period.

**2. 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 risk assessment policies are currently being updated for all centres.

A plan has been put in place going forward that the Centre Manager and the Health and Safety Officer for the centre will meet on a monthly basis to review all Health and Safety risk assessments.

**Proposed Timescale:** 26/01/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The centre had a policy on the prevention, detection and response to abuse but it was not dated.

The designated liaison person ( as per Children First, National guidance for the protection and welfare of children, 2011) and the centre manager was incorrectly identified in the policy.

**3. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The policies and procedures for each centre are in the process of being updated. The staff team are versed in the policy with it being reviewed in supervision sessions and team meetings and are aware that the Centre Manager is the Designated Officer in Kilcoskan House and are aware of who the Child Protection Liaison Officer is for Kilcoskan House. There are child friendly posters located in the main hall and the kitchen with this information as well.

**Proposed Timescale:** 28/01/2017

**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:**

A corrective action plan had been put in place to address the deficits identified in the provider's visit in October 2016. However, the timelines and persons responsible for specific actions were not specified.

**4. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A set follow up plan has been put in place following the findings from the most recent visit. It outlines the areas that need to be addressed, the persons responsible and the time frame that they are to be achieved in.

**Proposed Timescale:** 19/01/2017

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff supervision was not always been undertaken within the frequency specified in the providers policy.

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**5. 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:**

A supervision schedule has been put in place and all supervision are now up to date.

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**Proposed Timescale:** 08/12/2016