

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area B
Centre ID:	OSV-0004085
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Mairead Sheedy (Brereton)
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	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 to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 October 2016 13:00 To: 19 October 2016 21:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was carried out in order to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of this inspection, the inspector spent time with two residents. Residents appeared to be comfortable in their homes, and had their own individually decorated rooms. The inspector also met with staff and the person in charge, observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulations, which described the service provided. The designated centre comprised three community homes in close proximity to a small town

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements in place to promote the rights and safety of residents.

Good practice was identified in areas such as:

- residents were supported to engage in meaningful activities (Outcome 5)
- residents' healthcare needs were met (Outcome 11).
- staff were available to support residents (outcome 17)

Improvements were required in the following areas:

- personal planning for some residents (Outcome 5)
- assessment and mitigation of some risks (Outcome 11).
- guidance to staff in supporting behaviours of concern (outcome 8)

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

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):

No actions were required from the previous inspection.

Findings:

There were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

Each resident had their own room which was furnished and decorated in accordance with their preferences, and with their own belongings. There was sufficient storage, and all required equipment to meet all the needs of residents had been made available.

Residents were consulted regarding various aspects of their daily lives. Weekly residents' meetings were held, and there was evidence of consultation in relation to goal setting and personal planning for some residents. Choice was facilitated in relation to menus, activities and living environments.

Information was readily available to residents, and was in an accessible version where residents required this, for example, the statement of purpose, health information and information relating to protection of vulnerable adults.

While there were no complaints currently in process, there was a clear policy in place and an accessible version of this was available. The procedure for making a complaint was displayed in accordance with the regulations.

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):

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

Findings:

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, however not all residents had a personal plan in place.

A sample of personal plans was examined by the inspector. Those personal plans which had been completed began with a personal profile which included a brief assessment of the resident's needs. Where areas of need were identified this led to a more detailed assessment and a plan of care. Both residents and families had been involved in the development of these plans.

Goals had been set for some residents and these goals had been broken down into smaller steps and progress recorded. There was evidence that residents had been involved in identifying these goals. One resident told the inspector all about one of their goals and the achievements they had made.

However not all residents had a personal plan completed in this way. The personal plan for one resident examined by the inspector did not have detailed assessments in relation to either healthcare or social care needs, although there were some brief comments and guidance in relation to healthcare. However, no goals had been set and there was no information in relation to maximising potential as required by the regulations.

In addition, where residents did have a completed personal plan, not all these plans had been made available in an accessible format.

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both in the home and in the community. Outings included shopping trips, attendance at sports matches, and outings to local pubs and restaurants. A record of activities engaged in was kept for each resident.

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):

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

Findings:

The inspector found that there were systems and processes in place for the management of risk and in the prevention and detection of fire.

All staff had received fire safety training and fire drills had been conducted regularly. These fire drills were conducted at night on a quarterly basis. Records of these drills were maintained which identified any learning and any required actions. There was a personal evacuation plan in place for each resident which had been recently reviewed. All fire safety equipment, including emergency lighting had been tested quarterly. Daily checks were maintained of fire exits. Staffs were aware of the fire evacuation plans and were able to describe the procedures involved. Fire doors were in place throughout the centre. A monthly fire safety checklist was in place, however this had not been completed for one of the months reviewed by the inspector, as discussed under outcome 14.

There were structures and processes in place in relation to the management of risk. There were various risk assessments in place including individual risk assessments. For example there was a risk assessment in place in relation to the progression of a goal in the community for one of the residents.

However, the risk assessment and management plan in relation to lone working did not included sufficient information as to mitigate the risk. For example in one of the houses the risk management plan relied on residents to make an emergency call in the event of a staff member becoming incapacitated. However it was clear from a review of the minutes of residents' meetings that not all residents had the necessary ability to make such a call.

A risk register was maintained in which all risks were recorded and rated. A risk policy was in place which included all aspects required by the regulations. Accidents and incidents were recorded and reported, and overseen at management meetings.

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:

Staff had received training in the management of behaviours of concern, and there were various documents in place in relation to the needs of residents. However, the guidance was not clear.

Where residents required behaviour support, there was an assessment and behaviour support plan in place. However, there were several documents including behaviour support plans and risk assessments with information relating to the management of behaviour. Some of these documents included superfluous information, and the management of the documents was disjointed. There was therefore no clear set of guidance for staff.

In addition the guidance for staff in making a decision to administer 'as required' (p.r.n.) medication in relation to behaviour management was unclear. Some of the required steps outlined by the person in charge were not mentioned in the protocol documents.

All staff had received training in the management of behaviours of concern, and the content of the course was made available to the inspector and was found to be thorough and appropriate to the needs of residents. All staff had staff received training in the protection of vulnerable adults, and displayed knowledge in this area, including the steps to take in the event of an allegation of abuse.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There was evidence of healthcare needs being addressed, and of a nutritional diet being offered to residents, however the records of nutritional intake as required by the regulations were incomplete.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs, including psychology, occupational therapy and speech and language therapy. Each resident had a community general practitioner (GP) of their choice, and there were records of annual health care reviews. There was an out-of-hours GP service available. Records were kept of each appointment and contact with members of the multi-disciplinary team. Where specialist consultations were required there was documentary evidence of these, and appropriate follow ups were recorded.

Healthcare needs were documented in the personal plans of the residents, and included detailed plans of care for any assessed needs. Staff were knowledgeable about the healthcare needs of residents, and the interventions required to support them. These plans were regularly reviewed and updated as required.

There was evidence of a nutritional diet being provided for residents, and of snacks and drinks were readily available, including snacks appropriate to residents' individual nutritional needs. Residents had access to a dietician, and a nurse specialist in relation to particular needs. Menu choices were discussed at weekly residents' meetings, and individual choices facilitated on a daily basis at mealtimes. However, while a log was in place in which to record residents' meals, this was not completed for many of the days reviewed by the inspector as required by the regulations.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found appropriate arrangements in place regarding medication

management for the most part. However the management of stock control required improvement.

Staff had received training in the safe administration of medication and medication records were maintained appropriately. For example prescriptions for regular medications included all the information required by the regulations, and for the most part prescriptions for p.r.n. medications included a protocol the conditions under which the medication should be administered. However further guidance was required for p.r.n. medications relating to the management of behaviours of concern, as discussed under outcome 8. A record was kept on each occasion a p.r.n. medication was administered, which included the reason for the administration and the effect it had.

Regular medication audits were undertaken. There was a thorough audit conducted every two months, and a brief checklist on a monthly basis. Any drug errors were managed through the accident and incident reporting process.

Staff engaged by the inspector were knowledgeable in relation to the management of medications in the centre, and the individual medication needs of residents. Each resident had a self-medication assessment completed, and some residents were supported in various levels of independence.

There was a system in place for the management of stock of medications, however, stock recording was imprecise. The stock control sheet was unclear and the total amount of stock was not available.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had produced a statement of purpose, as required by regulations, which accurately described the service provided.

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:

There was an appropriate and clear management structure in place which supported the delivery of safe care and services, and there was an appropriately skilled and qualified person in charge.

Within the management structure various team meetings were held, including regular staff team meetings and management meetings. Records were kept of these meetings in which required actions were identified, however there was no record that the completion of those actions agreed at team meetings was monitored, and they were not discussed at subsequent meetings.

Audits had been conducted, for example, medication audits, finance audits and audits of personal plans. Required actions were identified as a result of these audits, and the completion of these actions was monitored. Most of those actions reviewed by the inspector had been completed. However a monthly fire audit had not been completed on each month reviewed by the inspector. In addition not all agreed actions from the fire audits had been completed. For example a required action identified in May relating to the fire register had still not been implemented in July.

Six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations, and a report of these visits was available. An annual review had been prepared by the provider in accordance with the regulations, and this annual review included feedback from both residents and their families. Required actions identified in these processes were monitored, and those reviewed by the inspector had been completed.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the regulations and had a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

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:

The inspector found that there were appropriate staffing numbers and skill mix available to meet residents' needs within the layout of the designated centre.

Where the needs of residents required additional staff, for example, if a resident needed to remain at home, or if there was a particular social event, staff were made available.

Staff were in receipt of up-to-date training in mandatory areas and training had been provided to staff in relation to behaviour support.

A system of staff performance reviews had been introduced and a six weekly supervision process had been commenced. The person in charge outlined a process whereby unexpected performance issues would be managed in addition to these processes.

Continuity of staff was managed by the use of familiar staff each day, and by drawing from a panel of familiar staff if the regular staff were not available, all of whom had undergone an induction process.

All staff engaged by the inspector were familiar with the needs of residents, for example, their dietary needs and individual issues in the event of an emergency. All practices observed by the inspector were in accordance with best practice and corresponded to the personal plans of residents.

The inspector had undertaken a review of staff files in the organisation's heads office the week prior to the inspection and found the files to contain all the information required by the regulations.

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:

Julie Pryce
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 report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0004085
Date of Inspection:	19 October 2016
Date of response:	25 November 2016

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all residents had a comprehensive assessment.

1. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out prior to admission to the designated centre.

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

- (i) The person in charge and key workers have undertaken a review of each individual's care plan/person centred plan.
- (ii) There was one individual's assessment that was not completed. This assessment has now been completed.
- (iii) The person in charge will implement a system for monitoring the review of care plans/person centred plans.

Proposed Timescale:

- (i) 21/10/2016 - action completed
- (ii) 28/10/2016 - action completed
- (iii) 18/11/2016 - action completed

Proposed Timescale: 18/11/2016

Theme: Effective Services

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

Not all residents had a personal plan

2. 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:

- (i) The person in charge and key workers have undertaken a review of each individual's care plan/person centred plan.
- (ii) There was one individual's assessment that was not completed. This assessment has now been completed.
- (iii) The person in charge will implement a system for monitoring the review of care plans.

Proposed Timescale:

- (i) 21/10/2016 - action completed
- (ii) 28/10/2016 - action completed
- (iii) 18/11/2016 - action completed

Proposed Timescale: 18/11/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Personal plans were not available in an accessible format.

3. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- (i) The person in charge and key workers completed a review of each individual's care plan/person centred plan.
- (ii) The person in charge will develop a schedule for the development of care plans in an accessible format for the three individuals who did not have an accessible version.
- (iii) The person in charge will ensure that each individual has a completed care plan in an accessible version

Proposed Timescale:

- (i) 21/10/2016 - action completed
- (ii) 11/11/2016 - action completed
- (iii) 02/12/2016

Proposed Timescale: 02/12/2016

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 risk relating to lone working was not adequately mitigated.

4. 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:

- (i) The Registered Provider & the person in charge will review the risk assessment on lone working and responding to emergencies
- (ii) The Registered Provider will develop a protocol to mitigate the risk of lone working.
- (iii) The person in charge will implement the actions from the protocol developed to mitigate the risk of lone working.
- (iv) The Registered provider will implement a system for the assessment, management and ongoing review of risk.

Proposed Timescale:

- (i) 21/11/2016 action completed
- (ii) 21/11/2016 action completed

(iii) 28/11/2016
(iv) 09/12/2016

Proposed Timescale: 09/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Guidance in relation to the management of behaviours of concern was either undocumented or unclear.

5. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- (i) The person in charge will schedule a review of the guidance documentation in relation to Positive Behaviour Support Planning for each individual who receive support in the management of behaviours of concern.
- (ii) The person in charge will ensure that the documentation will provide clear and concise guidance for staff in the management of behaviours of concern.
- (iii) The person in charge has reviewed the individuals PRN protocol and has made the protocol is more clear and detailed, to ensure the guidance for staff is clear and will support decision making.

Proposed Timescale:

- (i) 25/11/2016 - action completed.
- (ii) 09/12/2016
- (iii) 01/11/2016 - action completed.

Proposed Timescale: 09/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The records of nutritional intake were incomplete for some residents.

6. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate

quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

- (i) The person in charge will schedule group supervision with all staff teams to ensure comprehensive records of dietary intake are maintained daily.
- (ii) The person in charge will review and adapt the recording document to include recording of all meals and snacks.
- (iii) The person in charge will implement an alternative recording system to include all meals and snacks are documented.
- (iv) The person in charge will undertake spot checks on the records to ensure compliance.

Proposed Timescale:

- (i) 21/11/2016 - Action completed
- (ii) 21/10/2016 - Action completed
- (iii) 22/11/2016 - Action completed
- (iv) To commence from 10/12/2016

Proposed Timescale: 10/12/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Stock control systems were not robust.

7. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- (i) The person in charge has reviewed the systems regarding stock control.
- (ii) The person in charge has implemented a robust stock control system.
- (iii) The person in charge has undertaken group supervision with the staff team and presented the protocol related to the new stock control system.

Proposed Timescale:

- (i) 20/10/2016 - Action completed
- (ii) 21/10/2016 - Action completed
- (iii) 21/10/2016 - Action completed

Proposed Timescale: 21/10/2016

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 agreed actions from meetings and audits were not all effectively monitored.

8. 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:

- (i) The Registered Provider and the Person in charge will implement a template to be used for team meetings to ensure that actions are identified and persons are responsive within specified timeframes.
- (ii) The Person in charge will ensure that all actions agreed at team meetings are reviewed at subsequent meetings to ensure that actions are implemented.
- (iii) The Registered Provider will implement a system for review of audits and actions identified from audits.

Proposed Timescale:

- (i) 25/11/2016 Action completed
- (ii) 25/12/2016
- (iii) 25/11/2016 Action completed

Proposed Timescale: 25/12/2016