<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Vincent’s Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005623</td>
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<tr>
<td>Centre county:</td>
<td>Cork</td>
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<td>Registered provider:</td>
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<tr>
<td>Lead inspector:</td>
<td>Cora McCarthy</td>
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<tr>
<td>Support inspector(s):</td>
<td>Carol Maricle</td>
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<td>Unannounced</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 12 December 2017 10:00
To: 12 December 2017 17:30

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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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<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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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection:
Since 29 March 2017, the Health Service Executive (HSE), in accordance with Section 64(4) of the Health Act 2007 had taken charge of this centre and was to carry on its business as if the designated centre was registered, with the HSE as its registered provider.

During the previous inspection of St Vincent’s Centre by the Health Information and Quality Authority (HIQA) on 28 June 2017 all six of the outcomes inspected were at the level of major non-compliance. The current inspection took place over one day and was to see if the action plan that arose from the inspection of 28 June 2017 had been implemented.

Description of the service:
The centre was a congregated setting which had the capacity to provide residential care services for 38 female residents. On the date of inspection there were 37 residents living in the centre. 24 residents were living in the main building with many of these residents been living in this centre for a significant period of time. 13 residents were living onsite also but in a separate building. Residents who lived in this part of the centre ranged in age from 22 years to 80 years and all had minimal to medium support needs, with one resident attending a third level institution and other residents attending day service or work placements for part of the day. The
centre was not open to admissions.

How we gathered our evidence:
Inspectors met and spoke with all of the residents who currently lived in this centre. Inspectors also met with the person in charge of the centre (director of nursing), a person involved in the day-to-day management of the centre (director of services), a practice development coordinator and clinical nurse specialist. Inspectors observed staff practices and interactions with residents and reviewed a sample of residents' personal plans.

Overall judgment of our findings:
Since the previous inspection, inspectors found that a significant amount of actions had been implemented. Positive findings included a continuation of increased staffing and social activities in the community. There were clear governance systems in place. It was also noted that, where required, there was care planning documentation in place that provided clear instructions to staff in the event of a resident’s health suddenly deteriorating.

However, there were some actions that remained outstanding and some non-compliances arose on this inspection. These included:

- although not expressed directly to the inspectors there was evidence to show that some residents were very anxious in relation to the future of the centre (Outcome 1)
- assessments of need (Outcome 5)
- arrangements to contain fire and risk assessment (Outcome 7)
- behaviour support plans (Outcome 8)
- healthcare support plans (Outcome 11)
- staff training; supervision (Outcome 17).

These findings were presented to the person in charge throughout, and at the end of the inspection. 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.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Not all components of this outcome were reviewed as the inspectors focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in some practices at the centre, information for residents on their future, dining facilities and the programme of activities on offer.

During this inspection, the inspectors found that residents were provided with appropriate information about advocacy services and advocates already supporting residents were facilitated to do so at the centre. It was clear to the inspectors that the management team valued the role that advocacy had to play in the lives of all residents. The management team confirmed to the inspectors that they had received written correspondence from an advocate(s) prior to this inspection and that they were formulating a formal response to this.

Since the previous inspection, the management team had commenced a formal assessment of need with regard to the transition of residents from the centre to future homes. The person in charge demonstrated how she had ascertained the viewpoints of a significant number of the residents with regard to their future living preferences and this included the views of representatives and advocates. During discussions with residents, they confirmed their awareness of the future plans for the building and told inspectors about where and who they would like to live with. An inspector met with a resident who said that that had visited some potential homes. There was written confirmation that the viewpoint of residents was taken into account with regard to their preferences upon viewing potential homes. The management team had commenced
meeting on a formal basis with relevant statutory authorities; however while they had received verbal acknowledgment of the availability of potential homes these arrangements were not confirmed in writing.

At the time of the inspection, the management team were cognisant of the continuing unsuitability of residents (of a significantly younger age than their peers) to remain living at the centre. The person in charge set out the progress made in this area for each resident.

Since the previous inspection some of the residents living in the houses had commenced the purchasing and preparation of their own food and drink thereby ensuring that they were involved in normal everyday lifeskills. While the residents had developed considerable skills in these areas, further training in food hygiene and preparation was required for residents to assist them in living more independently.

The provider had committed to reviewing the practice of administering medicines in dining areas and it was noted on inspection that this practice had ceased.

Upon the arrival, the inspectors were informed that the residents were preparing for a seasonal event being held on the day of the inspection and within the local community. This event was one of a number of seasonal events advertised on posters displayed throughout the building. Both staff and residents were observed enjoying the lead up to this event. In addition to seasonal events personal, planning documents, viewed by the inspectors, confirmed that the interests of each resident were being met more adequately. Some residents participated in work, others attended day services while others were retired. There was evidence of staff ascertaining the individual preferences of each resident in this regard. The management team confirmed that resources were available to facilitate residents should they wish to leave the centre and required support from staff in doing so.

There were systems in place for money management, however, improvements were identified. During this inspection, the inspectors reviewed the six monthly unannounced inspection report conducted by a nominated person. This report found that individual risk assessments of money management were outstanding and that staff training in this area also required scheduling. The report confirmed that personalised money management arrangements were audited in the six months prior to this inspection with no adverse findings. There was evidence that where appropriate, the system had successfully alerted the management team to an irregularity identified, to which the management team had responded appropriately. There was evidence that residents were involved in the day-to-day management of their monies. However, where this was not the case, there was insufficient formal assessment of residents' ability to manage their own monies.

Inspectors enquired as to the status of an ongoing financial review that was being carried out by an external body and were informed that there was no further update at this time.

Judgment:
Non Compliant - Moderate

**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:**

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, it was found that the centre did not meet the assessed needs of all residents. The previous inspection report also identified that an assessment of the healthcare needs of residents was not undertaken and care plans had not been updated following a hospital admissions and discharges.

Since the previous inspection the healthcare needs of residents were clearly set out in their files with healthcare management plans to address same.

The provider had conducted a six monthly unannounced inspection and the findings of this identified that the systems for person-centred planning were in place and this was evidenced by the inspectors. Staff were now assigned key worker responsibilities.

There were systems in place for the regular multidisciplinary review of all residents.

The person in charge acknowledged that the processes regarding the formal assessment of need for residents transitioning to the community was still being finalised.

**Judgment:**

Substantially Compliant

**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:
Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, it was found that arrangements in relation to fire safety management systems were not effective. The effectiveness of containment arrangements for fire were not fully demonstrated. During this inspection, this action was found to have been partially achieved.

An inspector observed two fire doors that did not close independently. This was brought to the attention of the person in charge who committed to reviewing this immediately following the inspection. The person in charge subsequently confirmed to the inspector that this work was completed the following day.

During this inspection, there were processes in place for the identification of risks pertaining to individual residents. Each resident had identified assessment of risk for issues affecting them individually. However, the inspectors found gaps in areas such as mental health support plans not being completed by a mental health professional and outings in the community not being risk assessed. Further gaps identified were regarding residents being assessed for their capabilities in managing their own money and also risk assessments regarding a residents lack of engagement or refusal to engage with healthcare professionals.

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:
Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in clarity regarding allegations of abuse. Not all staff had up-to-date training on safeguarding. At this inspection, these actions were found to have been partially completed as there were still three staff members outstanding on safeguarding training. However, there was a date by which the three staff would be trained.

During this inspection, the inspectors reviewed adult safeguarding concerns that had arisen at the centre following the previous inspection. These concerns were found to have been appropriately managed and in all cases the HSE safeguarding team was informed. The person in charge demonstrated a detailed knowledge of each concern, the actions taken, the current situation. It was clear that in some cases the management team had advocated for the residents. However on one occasion, the outcome of a concern was not fully set out; however the person in charge could articulate same and or show the inspector written updates that had not yet been filed with the concern. The person in charge committed to seeking an acknowledgment of a concern issued to a statutory authority immediately following inspection.

At this inspection it was found that improvements were still required in the area of behavioural support plans.

**Judgment:**
Substantially Compliant

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### 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:
Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, it was found that healthcare needs were not always met by appropriate treatment and therapies.

While there were protocols in place for medication administered as required (PRN), the plans of care in this matter lacked clarity with regard to when to give the prescribed medication. This lack of clarity could cause confusion and contribute to an error.

Not all residents had mental health support plans developed for them which were formulated by an appropriate mental health professional.
Judgment:
Substantially 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:
Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, it was found that there were not effective management systems in place to oversee and monitor the safe care of residents on a daily basis. During this inspection, this action was found to have been partially achieved.

Management systems were in place to ensure that the service provided was safe and consistent. Institutional practices had ceased and there had been a review of personal plans although they were not fully complete.
An audit of the quality of care by the provider was currently being written up and the provider had also conducted two six monthly unannounced inspections.

While there was a gap identified in staff training there was a major improvement in this area and there was a scheduled date when all training including training for agency staff would be completed.

There was no system in place for formal supervision for staff members however the person in charge stated that this would be addressed as part of the action plan response.

Previously inspectors had found evidence to support that the quality of care of some residents, and in particular residents with complex co-existing conditions with nursing and clinical care needs, was not adequately monitored on an ongoing basis. There was insufficient clinical oversight to ensure that the recommendations from specialist allied professionals were included in residents' personal care plans. This action had been partially achieved in that there was greater input from allied health professionals and
improved clinical oversight however mental health support plans were not being completed by professionals although the person in charge committed to addressing this following inspection. This was addressed in Outcome 11.

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:
Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection.

Staff training needs identified on this inspection were in relation to safeguarding training as actioned under Outcome 8 and fire training in relation to agency staff members, inspectors were reassured that this training was scheduled.

Inspectors were informed by the person in charge that agency files were not reviewed by the them but that they were assured by the agency that agency staff were appropriately vetted. The person in charge stated that they were going to amend this practice following inspection and review these files going forward.

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:*

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

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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<td>Centre ID:</td>
<td>OSV-0005623</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 December 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01 February 2018</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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Findings from the provider's six monthly unannounced inspection identified some outstanding issues pertaining to money management in the area of staff training and risk assessment of residents' ability to manage their own monies. These matters had not been actioned.

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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 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
- Training for staff to support residents with the management of their money and personal possessions has been sourced and will be completed by the 30/06/2018
- Risk assessments have commenced for all residents with regard to money management since the inspection and safeguarding plans are in place where required.

**Proposed Timescale:**
- 30/06/2018
- 16/02/2018

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**Proposed Timescale:** 30/06/2018

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**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 formal assessment of need for residents transitioning to the community had not been completed.

2. **Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
- An Internal Transition Planning Group is in place since August 2017.
- Several individual Transition plans have been completed to date and work on the assessment of need has commenced.
- Staff have allocated protected time each week to work on the outstanding Individual Transition Plans and these will be completed by 30th April, 2018.
- The Multidisciplinary team assist in the preparation of the Individual Transition Plans, (for example, assessment of mobility and transport requirements) as appropriate.
- A tool has been designed to assess the housing requirements and care needs of each resident, (with Multidisciplinary Team input), once their Individual Transition Plan is complete.
- Housing applications have been made for a number of residents and a formal meeting between the City Council Housing Authority, St Vincent’s Centre and the HSE has been requested.
- Residents who have identified that they want to transition to a Nursing Home have had their Fair Deal application completed and approved and are visiting facilities.
Proposed Timescale: 30/04/2018

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

Put systems in place in the designated centre for the assessment, management and ongoing review of risk, particularly in relation to individual residents.

3. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
- Risk assessments on all residents’ management of monies and personal property, outings into the community are in the process of being completed.
- A comprehensive risk assessment policy is in place and every resident has appropriate risk assessments carried out with accompanying safeguarding plans.
- A review of these risk assessments was carried out in December and any additional risk identified has been addressed.

Proposed Timescale: 16/02/2018

### 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:

Ensure that every effort to identify and alleviate the cause of residents' behaviour is made.

4. **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:**
- All residents who require behaviour assessment have had them completed.
- Five residents have been assessed by a behaviour therapist.
- A further five residents are undergoing assessment by an outside agency which is preparing multidisciplinary behaviour support plans. Each support plan is taking several
Proposed Timescale: 30/06/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that all staff have safeguarding of vulnerable adults training

5. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
All staff will have Safeguarding training complete by 22nd March 2018.

Proposed Timescale: 22/03/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
While there were protocols in place for medication administered as required (PRN), the plans of care in this matter lacked clarity with regard to when to give the prescribed medication.

6. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
•Medication Protocols have been reviewed to ensure that all instructions are clear when deciding to administer the PRN medication.

Proposed Timescale: Complete

Proposed Timescale: 01/02/2018

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents had mental health support plans developed for them which were formulated by an appropriate mental health professional.

7. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
- All mental health support plans are currently being reviewed and revised as appropriate by a mental health registered nurse with experience in the fields of mental health and disability. Where appropriate Mental Health Support Plans are also reviewed by the consultant psychiatrist.

**Proposed Timescale:** 28/02/2018

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

**Please state the actions you have taken or are planning to take:**
- A programme of Clinical supervision of staff is commencing in February 2018 and will be complete by 30th April 2018.

**Proposed Timescale:** 30/04/2018

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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:**
Vetting of agency staff required review by the provider.

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

Please state the actions you have taken or are planning to take:
• All agencies which provide staff to the centre have been contacted and are in the process of providing the information required for the individual staff files.

Proposed Timescale: 28/02/2018