

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Peter's Services 3
<b>Centre ID:</b>	OSV-0004904
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	Jacqueline Joynt
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	0

## **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 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.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
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 inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was the fifth inspection in the centre. The previous inspection was undertaken on 06 April 2017. As part of the current inspection, the inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspectors met and spoke with four residents in one of the bungalows and two residents in the other bungalow. Although a number of these residents were unable to tell the inspectors their views of the service, all of the residents met with, were observed to be in good spirits. Warm interactions, between residents with the staff caring for them, were also observed. The inspectors met with two relatives, one of a resident in each of the bungalows. These relatives told the inspectors that they were very happy with the quality of care being provided for their loved one and of the many activities that staff engaged the residents in.

The inspectors met with the assistant director of nursing, the person in charge, two staff nurses and two healthcare assistants. The inspectors reviewed care practices and documentation such as care plans, medical records, accident logs, policies and

procedures and staff supervision files.

#### Description of the service:

The service provided was described in the providers statement of purpose, dated September 2017. This was a nurse led service with a registered staff nurse available to residents 24/7. The centre provided full time residential care for ten adult residents with intellectual disabilities. The centre consisted of two separate bungalows. These were located within a short drive of each other, in a town in Westmeath. There were five residents living in each of the bungalows, who had been living together for an extended period. At the time of inspection, two of the residents were absent from the centre on a short holiday break with the support of staff from the centre.

Each of the properties were owned by the provider. There was a secure garden to the rear of both of the bungalows. Residents each had their own bedroom which had been personalised with items of their choosing. The communal space in one of the bungalows was more limited than the other but considered adequate to meet the needs of the residents living there at the time of inspection. A residents bedroom, en-suite facility and kitchen in one of the bungalows had recently been renovated and refurbished.

#### Overall Judgment of our findings:

The inspectors found that residents were well cared for and that the provider had arrangements in place to promote their rights and safety. The person in charge had taken up the post in July 2017 and demonstrated satisfactory knowledge and competence during the inspection and the inspectors were satisfied that she was a suitably skilled and experienced person to participate in the management of the centre.

#### Good practice was identified in areas such as:

- Resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support. (Outcome 5)
- There were appropriate measures in place to keep residents safe and to protect them from abuse.(Outcome 8)
- Resident's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)
- There were systems in place to ensure the safe management and administration of medications.(Outcome 12)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to resident's needs. (Outcome 14)

#### Areas for improvement were identified in areas such as:

- Some improvements were required in relation to infection control arrangements. (Outcome 7)
- Staff supervision was not being undertaken in line with the frequency specified in the providers policy.(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, the inspectors found that each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support.

The inspectors found each residents' health, personal and social care support needs were assessed and met by the provider, including an assessment on how residents communicate discomfort. Assessment of needs were reviewed with involvement from residents, their family and the multi-disciplinary team where appropriate and personal plans reflected the revised assessed needs of residents.

Residents had personal plans which reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspectors found evidence that the residents had maximum participation in developing their own personal plans. All plans included a "nothing about me, without me" slogan throughout emphasising the collaboration and involvement of residents. The inspectors found evidence that goals were being progressed with residents' achievements acknowledged, dated and celebrated. Residents kept an accessible format of their personal plan in their bedrooms and gave permission to staff to show them to the inspectors. There was evidence that personal plans were annually reviewed and included the residents, keyworkers and family where appropriate.

A number of residents attended day service while others availed of an outreach service which supported the residents to attend local community activities in accordance with their wishes, individual needs and choices. Residents were also involved in internal and

external activities of their own personal choosing, such as spa treatments, boccia (a precision ball sport), beach walks, cinema, reflexology, train trips and seasonal pantomimes. Staff informed the inspectors that a musician calls to the house once a week and engages the residents in music sessions which they participate fully in and seem to enjoy.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the design and layout of each of the bungalows was fit for purpose and promoted resident's safety, dignity and independence. A number of refurbishment works as identified at the time of the last inspection, had been completed.

Both of the bungalows were homely and comfortable with adequate furnishings. Residents in each of the bungalows had their own bedrooms which had been personalised with items of their choosing. The communal space in one of the bungalows was more limited than the other but considered adequate to meet the needs of the residents living there at the time of inspection. There was suitable lighting and ventilation in place. There was a nice sized garden to the rear of both of the bungalows.

Some refurbishment work had been undertaken in one of the bungalows since the last inspection. This included, the renovation and refurbishment of one of the residents bedrooms and ensuite facility, the redecoration of the sitting room and kitchen come dining room. This included the installation of a new kitchen and appliances. Plans were in place for further maintenance work in the centre.

Specialist equipment was in place for residents who required same. Servicing arrangements were in place for same.

**Judgment:**

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):**

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

**Findings:**

The health and safety of residents, visitors and staff were promoted and protected. However, some improvements were required in relation to infection control arrangements.

There was a risk management policy in place, dated June 2016, which met with the requirements of the regulations. The inspector reviewed a sample of individual risk assessments for residents which contained a good level of detail, were specific to the individual and had appropriate measures in place to control and manage the risks identified. There was a risk assessment guidelines document, dated April 2015.

There was a safety statement, dated November 2017, with written risk assessments pertaining to the environment and work practices in each of the bungalows. At the time of the last inspection, control measures for some identified risks were not being implemented. On this inspection, risks were found to be appropriately assessed and managed. Safety data sheets for all harmful substances were maintained in the centre. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. Records of daily and weekly health and safety checks of all areas were maintained. An audit of health and safety arrangements was also undertaken at regular intervals.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. Overall there were a low number of incidents in the centre. Records showed that the assistant director of nursing and person in charge met on a monthly basis to review incidents in the preceding four week period, identify any trends and agree actions and learning to minimise reoccurrence. The inspectors reviewed a sample of incident report forms and found that an appropriate record was maintained of actions taken and follow up proposed. All forms were signed off by the person in charge.

There were procedures in place for the prevention and control of infection. However, the inspectors noted that there was chipped paint on the woodwork in both of the houses which negatively impacted on the effectiveness of cleaning these areas from an infection control perspective. There was an infection control policy and procedure in place. A cleaning schedule was in place and records were maintained of tasks undertaken. The inspectors observed that all areas appeared clean and tidy. Colour coded cleaning equipment was available in each of the bungalows. There were sufficient facilities for



hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. There were adequate arrangements in place for the disposal of waste.

Adequate precautions against the risk of fire were in place in both of the bungalows. There was documentary evidence, from an external company, to show that fire safety equipment and the fire alarm system were appropriately serviced. There were fire safety guidelines in place. Adequate means of escape were observed and all fire exits were unobstructed. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. There was accessible information available for residents. Each resident had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills involved residents and were undertaken on a regular basis. Suitable evacuation equipment, for residents with impaired mobility was available in the centre.

There were appropriate arrangements in place for the moving and handling of residents were required. Records showed that all staff had received appropriate training in manual handling.

There was a major emergency plan in place for each of the bungalows, to guide staff in the event of such emergencies as power outages or flooding.

**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 appropriate measures in place to keep residents safe and to protect them from abuse.

The centre had a procedure for dealing with suspicions of abuse, dated May 2016. The inspectors observed staff interacting with residents in a respectful and warm manner. Staff who met with the inspectors were knowledgeable about the signs of abuse and

what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and the national guidance. The contact details for the designated officer were on display in the centre. There had been a small number of suspicions of abuse in the centre some time previous which had been appropriately dealt with.

There were guidelines on provision of intimate care, dated May 2016. The inspector found that personal plans in place were of a good quality with sufficient information to assist staff in meeting the intimate care needs of residents who required support in this area.

Residents were provided with emotional and behavioural support. Behaviours of residents were responded to appropriately. Up-to-date behaviour support plan were in place for residents identified to require such support. This ensured that staff adopted a consistent approach to support the assessed needs of a resident. There was a procedure for listening and responding to individuals who demonstrate behaviours of concern, dated November 2015. Records showed that staff had attended appropriate training.

There were minimal environmental or physical restraints in use in the centre. There was a procedure for the use of restrictive interventions, dated November 2013, which was over due for review. This meant that staff might not have the most up to date information to guide their practice in this area. The assistant director of nursing advised the inspectors that the policy was in the final stages of review.

**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):**

No actions were required from the previous inspection.

#### **Findings:**

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

Each resident's health needs were appropriately assessed and met by the care provided in the centre. This is a nurse led service registered staff nurses working in both of the bungalows. This meant that residents had ready access to this expertise should they require same. Each of the residents had an up-to-date hospital passport in place with appropriate information should they require to be transferred to hospital in the event of an emergency. Each of the residents had their own general practitioner by whom they

were regularly reviewed. Information on specific conditions was available in the centre and individual care plans were in place to guide staff. There was evidence of the involvement of a multidisciplinary team of allied health professionals which included physiotherapy, occupational therapy, speech and language therapy and dietetics. Recommendations made by health professionals were noted to be implemented and reflected in a sample of personal plans reviewed.

Each of the bungalows had a fully equipped kitchen come dining area. The kitchen in one of the bungalows had recently been renovated with a new kitchen and appliances installed. There was a policy on the provision of nutritionally balanced meals in residential care, which was overdue for review. There was also a guideline to be followed by staff when supporting residents at meal times. Inspectors observed a meal time in each of the bungalows and noted that it was a social occasion which was enjoyed by residents.

Each of the resident's personal plans included a section with information on their food preferences, meal time experience and a nutrition screening assessment. The inspector reviewed minutes of the resident meetings where menu options were discussed and agreed on a weekly basis. Records were maintained of meals provided. The inspector observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for residents in the centre. Pictured menu cards were available to support individual residents in making choices where required and for their information.

**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:**

There were systems in place to ensure the safe management and administration of medications.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines in place. At the time of the last inspection, arrangements for the administration of 'as required' or PRN medications was not suitable. On this inspection, inspectors found that appropriate protocols had been put in place and that rationale and review dates were being recorded.

Residents' medication plans, which included details of allied health services offered, were appropriately reviewed and put in place as part of residents' individual personal plan. Residents were assessed around suitability to self-medicate. In one of the houses residents were provided with their own individual medications storage cupboards in their bedroom. The other house had a central medications storage cupboard. However, inspectors were informed that to support the residents' independence and improve safety around the administering process, there were plans in place to provide individual medical storage cupboards in each of the residents bedrooms.

Administration and prescription sheets had been appropriately completed with medications administered as prescribed. There was a colour-coded system which brought more clarity and transparency to the process with staff informing the inspectors that they found it to be helpful. There was a system in place for reviewing and monitoring safe medication management practices which was evident through weekly medication counts and monthly audits being undertaken.

The inspector found that the processes in place for the handling of medicines were safe and in line with current guidelines and legislation. At the time of the last inspection, inspectors found that out of date medications were not being stored in a secure manner that was segregated from other medications. On this inspection, appropriate procedures for the handling and disposing of unused and out of date medicines were found. All medication cupboards had a container to separate out of date medications from other medicines.

**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 were management systems in place to ensure that the service provided was safe, consistent and appropriate to resident's needs.

In line with regulatory requirements, the provider had undertaken an annual review of the quality and safety of care in the centre. An unannounced visit by the provider had been undertaken in March and again in October 2017, with the production of a written report.

An audit schedule was in place. Areas audited included, care planning, financial management, restrictive interventions, medication management processes, complaints and health and safety. There was evidence that actions were taken to address issues identified in these audits. The assistant director of nursing visited the centre on a regular basis as recorded in the visitors book. There was documentary evidence that incidents reports, complaints and audits were reviewed on a monthly basis as part of these visits.

The centre was managed by a suitably skilled and experienced person. The person in charge had taken up her post in July 2017. She held a full time post and was not responsible for any other centre. She was a registered nurse and held a degree in nursing studies and a certificate in management. She had more than 15 years experience of working in a management role. Staff interviewed told the inspector that the person in charge was person centred, a good leader, approachable and supported them in their role. The inspector found that she was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support requirements for residents in the centre. Residents were observed to interact warmly with the person in charge. Relatives spoken with, outlined that all of their interactions with her were positive.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. At the time of the last inspection, lines of accountability were found not to be clear. On this inspection, staff who spoke with inspectors had a clear understanding of their role and responsibility. On call arrangements were in place and staff were aware of these and the contact details. The person in charge reported to the assistant director of nursing. There was evidence that the person in charge and assistant director of nursing met informally on a regular basis and had completed two formal supervisions meetings since the person in charge had taken up her post.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

Overall, on review of staff rosters the inspectors found that staffing arrangements included appropriate staff numbers with the right skills, qualifications and experience to meet the needs of residents. However, improvements were required around the frequency of staff supervision meetings.

The inspectors found that where agency staff was employed, efforts were made to ensure the same agency staff were continuously requested, in an effort to support consistency of care for residents. At the time of inspection, a number of the same agency staff were moving through the recruitment process for a small number of vacancies in the centre.

The inspectors found evidence that staff mandatory training was up to date. Other training had also been provided to enable staff to provide care that reflected up to date evidence-based practice. A training analysis had been carried out which identified appropriate training required by staff members and review dates for each. The inspectors talked with a number of staff and found that they demonstrated good understanding and knowledge of policies and procedures in place to ensure the care and safety of the resident.

The person in charge worked between both houses throughout the week and it was evident that she possessed good knowledge and understanding of the residents' needs, likes and wishes. Staff in both houses advised the inspector that they felt supported by the person in charge and found her to be approachable.

Staff supervision meetings were taking place. However, the inspectors found that over the preceding seven month period, the frequency of supervision meetings, as specified in the designated centre's policy, was not being met. The same finding had been met at the time of the last inspection. The person in charge had recently attended a supervision training workshop. It was reported that the centre's supervision policy was in the process of being reviewed.

The inspectors observed warm interactions and positive engagement between residents and staff in both houses throughout the day. Family members who met with the inspector advised that the staff provided excellent person-centred care to the residents and were always supportive and inclusive of family involvement.

**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 Health Service Executive
<b>Centre ID:</b>	OSV-0004904
<b>Date of Inspection:</b>	12 December 2017
<b>Date of response:</b>	16 January 2018

### 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 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:**

There was chipped paint on the woodwork in both of the houses, which negatively impacted on the effectiveness of cleaning these areas from an infection control perspective.

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



**1. Action Required:**

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

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

There is a plan in place to paint the woodwork in both houses to ensure the effective cleaning of these areas from an infection control perspective.

**Proposed Timescale:** 30/07/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The frequency of supervision meetings, as specified in the designated centre's policy, was not being met

**2. 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:**

There is a template for staff supervision in the designated centre which will be revised to reflect the appropriate frequency of supervision as proposed in the providers' policy.

The PIC will ensure to carry out staff supervision in the designated centre as proposed in the staff supervision policy.

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