Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Seahaven
Centre ID:	OSV-0005594
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Gateway Community Care Limited
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
16 January 2018 09:00	16 January 2018 13:30

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 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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:
This inspection was carried out following an application made by the provider to vary a condition of registration, to increase the number of registered beds from three to six. In the application made by the provider, the Health Information and Quality Authority (HIQA) was informed the provider intended to include another house under this centre to accommodate the increase in residents' beds.

How we gathered our evidence:
As part of the inspection, the inspector met with the person in charge and spoke with the provider's representative over the phone. The inspector visited the proposed house to be included under designated centre, where documentation such as residents' assessments, personal plans, health and safety documentation, policies and procedures and staff files were reviewed. At the time of the inspection, the provider had not begun the referral process to identify residents to move into the centre.

Description of the service:
The provider had a statement of purpose that explained the service they intended to

provide with increased resident bed numbers. This service was based in Co. Sligo and proposed to provide a residential service to six male and female residents, with an intellectual disability or autism, who were under the age of 18 years.

The additional house that the provider proposed to provide was a moderately sized bungalow which had a sitting room, kitchen and dining area, hallway, recreational room, staff bedroom, an en-suite bathroom, two shared bathrooms and a utility. Some decoration of this house was completed, with outstanding decoration works on hold until consultation with the residents who would be moving into the house. The provider had secured a tenancy agreement with a private landlord for this house for a duration of four years and nine months.

Overall judgment of our findings:
The inspector found that overall the provider had proposed arrangements in place that could accommodate an increase in resident bed numbers, to adequately meet the needs of residents. Areas of compliance with the regulations were observed in outcomes such as safeguarding, social care, healthcare, medication management and premises. Improvements were required to outcomes relating to residents' rights, dignity and consultation, governance and management and health and safety and risk management. Of the ten outcomes inspected, five were compliant, three were substantially compliant and two outcome was in moderate non-compliance with the regulations.

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):
No actions were required from the previous inspection.

Findings:
The provider had arrangements in place to ensure residents were regularly consulted with and that complaints were appropriately responded to. However, some improvements were required to the displayed and easy-to-read complaints procedure.

The person in charge told the inspector that various arrangements were in place to consult with residents and their families, including three-monthly review meetings and regular key-worker sessions. These consultation arrangements allowed residents to discuss their likes and dislikes, offer feedback on the services they received and discuss areas that they wanted to address.

The person in charge told the inspector that upon referral to the centre, each resident and their families would be consulted in all steps of the admission process, they would be consulted with the way they wanted to decorate their bedrooms and would be provided with an opportunity to offer feedback on further decoration to the communal areas of the centre. Lockable wardrobes and lockers were available within each residents' bedroom. Where additional lockable storage was requested by residents, the person in charge told the inspector that this would be organised for residents prior to their admission.

A complaints officer was appointed to the service and their contact details and photograph were displayed in the centre. A policy was in place to guide on the response and management of complaints received. A system was also in place to ensure that all complaints received were recorded and included the nature of the complaint made, any investigation into the complaint, any recommendations made, the outcome and the

satisfaction level of the complainant. A further review of complaints was completed by the person in charge on a monthly basis and a log record created to identify any trends. However, improvements were required to the displayed complaints procedure and to the easy-to-read version of the procedure, to ensure both documents were in line with the complaints policy and accurately guided residents and visitors on how the centre received, responded and managed complaints.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found the provider had adequate arrangements in place to ensure residents' social care needs would be met by the centre.

A twelve step admission process was in place, including processes such as residents' referral, pre-admission assessment, visits, transition planning and family and resident consultation. The person in charge told the inspector that this process would commence once referrals were received for the centre. The provider had arrangements in place to ensure this information was recorded within residents' files, which the inspector also observed to include information on care planning, medical history, social work history, educational opportunities, incident reporting, key worker sessions, meetings and various multi-disciplinary reports.

A daily living plan was in operation within the centre to inform staff on residents' preferred daily routines. Arrangements were also in place for residents to plan their personal goals with their key-worker and a template document was used to demonstrate the actions required to achieve these goals, the person responsible to support residents, the next date of review and the outcome of achievement.

The provider had arrangements in place for the display of a routine activity schedules in the centre. The person in charge told the inspector that this activity schedule was

flexible to change and would be to assist residents to initiate the activities they wanted to participate in. The person in charge also told the inspector that the provider had created a panel of staff available at the centre, to ensure that sufficient staff were available to meet the assessed social care needs of residents. Arrangements were in also place to facilitate each house within this centre to have their own transport arrangements.

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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found the premises to be clean, comfortable and provided residents with a homely environment to live in.

This centre comprised of one house, with the provider now applying to include a second house, to accommodate a further three residents. The new proposed bungalow was visited by the inspector and was located on the outskirts of a village in Co. Sligo. It contained a utility room, fully equipped kitchen and dining area, three bedrooms, one en-suite, two shared bathrooms, a hallway, a staff bedroom, one sitting room and one recreational room. Ramped access and accessible garden spaces were available at both the front and rear of the building. On the day of inspection, the person in charge made copies of the current tenancy agreement and insurance details for the centre available to the inspector.

Although some decoration work was completed within the centre, the person in charge informed the inspector that no further decoration work would be scheduled until residents were consulted on their choice of decoration upon their admission.

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):
No actions were required from the previous inspection.

Findings:
The provider had fire safety and risk management systems in place. However, some improvements were required to emergency lighting, the fire procedures and to the risk register.

The provider had fire containment measures in place, with all doors have self-closing devices in place. A zoned fire alarm system was in place and fire fighting equipment was available in various locations around the centre. Fire drills were occurring in the centre on a six weekly basis and personal evacuation plans guided on the level of support each resident would require in the event of an evacuation.

All fire exits were maintained clear at the time of this inspection. Although emergency lighting was available, the inspector was not assured that this lighting would adequately and safely guide staff and residents from all fire exits to the assembly point. This was brought to the attention of the provider in a recent fire assessment report and the provider's representative told the inspector that plans were in place to review external emergency lighting. The fire procedure for the centre was prominently displayed in the centre; however, it did not guide on the zoned fire locations and did not guide staff on how to evacuate residents where fire exits were inaccessible to them in the event of a fire.

A system was in place for the assessment and management of residents' specific risks. Arrangements were in place to ensure each resident admitted to the centre had a client risk profile created for them, which assessed risks associated with behaviours, activities of daily living, infection control and social care. A management plan was then created based on assessment findings, to guide staff on how best to mitigate these risks when caring for residents. The person in charge told the inspector that all assessments and management plans were reviewed on a minimum three-monthly basis.

An incident reporting system was in place and the person in charge told the inspector that when an incident occurs, he is immediately informed by staff and a management plan is created if required. A risk register was in place which assessed organisational risks such as financial risks, strategic risks, organisational management and adverse events. Although the person in charge was aware of the current controls in place to mitigate risks and could demonstrate these using the risk register, the risk register did not identify the additional controls which were put in place in response to some risks in the centre.

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):
No actions were required from the previous inspection.

Findings:
The provider had arrangements in place to ensure residents were safeguarded from abuse at all times. A designated officer was appointed to the service to review any safeguarding concerns that may arise. The person in charge told the inspector that following each resident's admission, they was assessed using the child safeguarding statement. A safeguarding policy was in place to guide staff on what to do in the event that a safeguarding concern was identified within the centre. Further guidance was also displayed in the main hallway of the centre. Safeguarding training was completed by all staff and the person in charge told the inspector that plans were in place to ensure safeguarding training would be completed by newly recruited staff members, prior to their commencement in the centre.

Arrangements were in place to ensure residents with behaviours that challenge had an adequate assessment completed, support plans in place and staff support available to them. The centre had the support of a behavioural therapist and staff had up-to-date training in the management of behaviours that challenge, with further training scheduled for newly recruited staff members in the weeks following on from inspection.

An assessment and review process was in also place for the use of restrictive practices.

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:
On the day of inspection, the inspector found that the best possible health for residents was promoted in the designated centre.

Residents had access to a general practitioner of their choice and arrangements were in place to have their personal plans regularly reviewed by the health professionals involved in their care. Residents' files also contained information about residents' past medical history and current care plans.

A fully equipped kitchen was available in the centre to facilitate residents to prepare home cooked meals.

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:
On the day of inspection, there was a policy in place for the safe administration of medications. Since the last inspection, this policy had been updated and improvements had also been made to residents' prescription sheets.

Suitable medication administration systems for residents were provided to residents based on their assessed needs. For example, following admission to the centre, residents would be provided with a blister pack medication system, based on their preference for this system and their assessed capacity to use the system.

A sample of prescriptions sheets were reviewed by the inspector and were found to contain the appropriate information for the safe administration of medications. Medication administration records were also available for staff to record all medicines administered to residents. There were also arrangements in place to support residents to self-medicate following appropriate risk assessment.

The centre did not have appropriate storage for medications in place; however, the provider's representative stated that appropriate medication storage would be in place prior to any admissions to the centre.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
On the day of inspection, the provider had produced a statement of purpose for the designated centre. The inspector found that this document did not contain the relevant information as detailed in Schedule 1 of the regulations, including:
- the current conditions of registration
- the current organisational structure for the designated centre

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:
The provider had adequate governance and management arrangements in place to ensure the service provided to residents was effectively monitored. Three actions were required from the last inspection; however, the inspector found one of these actions had not been completed. Further improvements were also required to the timeframes for the completion of action plans.

The person in charge was responsible for the service delivered to residents. He had in excess of three years management experience and had a good knowledge of the Regulations and of the residents currently living in the centre. He was supported by a person participating in management who was based in the existing house under the designated centre. A further two persons participating in management were identified to support him with managing the second house, as part of the provider's application to increase the number of resident bed numbers. The person in charge told the inspector that he regularly meets with the provider's representative and that since the last inspection, structured management meetings were now occurring and minutes of these meetings are now being recorded. The person in charge had the capacity to visit the centre each day and informed the inspector that due to the planned supports that will be available for the second house, this will allow him to visit each house each day. Staff meetings were occurring on a two-monthly basis and the person in charge also had systems in place for the regular review of incidents, complaints and risk.

Since the last inspection, the annual review of the service had been completed. Six areas of improvement were identified for the centre as part of this review and the person in charge verbally confirmed to the inspector that all six actions were completed. However, the action plan for annual review did not specify the timeframes that these actions were to be completed by, or indicate the current status of completion. Similarly, the person in charge could demonstrate to the inspector the progression of an action plan which was generated from a report completed in November, 2017; however, this action plan also did not have measurable timeframes in place to guide on when actions were to be completed by

The provider's representative regularly visited the centre and reviewed various practices and documentation as part of these visits. However, there was still no record of these unannounced visits by the provider. This was brought to both the attention of the person in charge and provider's representative on the day of inspection.

Judgment:
Non Compliant - Moderate

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:
On the day of inspection, the inspector found that the provider had adequate staffing arrangements in place to meet the needs of residents. Arrangements were also in place to ensure staff were suitably recruited, trained and supervised to their role. However, some improvements were required to the rostering arrangements.

Staff training records indicated that staff had attended training in fire safety, safeguarding, safe administration of medicines, manual handling, management of behaviours that challenge and infection control. Arrangements were also in place to ensure staff received training in each of these areas prior to commencing employment with the service. Regular staff supervision sessions were also completed by the person in charge with all staff members.

A sample of Schedule 2 documents were reviewed by the inspector and were found to contain all information as set out in the regulations.

The person in charge told the inspector that a panel of eight staff members were waiting to commence employment in the centre. The person in charge stated that these staff would be rostered within the second house in which the provider wished to bring under the designated centre, and that sufficient staff would be placed in the house based on residents' assessed needs. The person in charge stated that two separate rosters would be in place for both houses; however, upon reviewing a sample of the current staff roster, it was identified:
- the exact start and finish times of shifts worked were not identified
- positions held by staff working in the centre were not identified
- the full date of the period of time that the roster was created for was not detailed

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Gateway Community Care Limited
Centre ID:	OSV-0005594
Date of Inspection:	16 January 2018
Date of response:	06 February 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the displayed complaints procedure and to the easy-to-read version of the procedure, were in line with the complaints policy.

1. Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints

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

procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The User friendly version of Easy to Read version of complaints procedure will be amended to accurately reflect complaints procedure in complaints policy. This copy will be displayed in a prominent position in the designated centre.

Proposed Timescale: 15/02/2018

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:
The provider failed to ensure the risk register accurately described additional controls in place to mitigate risk in the centre

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

Please state the actions you have taken or are planning to take:
• A full review of the risk register is been carried out to identified additional controls in place to mitigate risk in the centre.
• Timeframes will be inclusive of updated template.

Proposed Timescale: 02/03/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure the displayed fire procedure accurately guided on:
- the zoned fire areas within the centre
- the arrangements in place where fire exits were inaccessible to staff and residents in the event of a fire in the centre

3. Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
Fire safety signposting has been amended to include:

• The zoned fire areas within the centre.
Procedures are been reviewed to identify clearly, arrangements in place where fire exits were inaccessible to staff and residents in the event of a fire in the centre

Proposed Timescale: 20/02/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure adequate emergency lighting was in place to safely guide all staff and residents from all fire exits to the fire assembly point

4. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Outside Emergency lighting will be in place for all staff and residents from all fire exits and to the fire assembly point. Electrical Company will commence work on 05-02-18.

Proposed Timescale: 09/02/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the statement of purpose contained the relevant information as detailed in Schedule 1 of the regulations, including:
- the current conditions of registration
- the current organisational structure for the designated centre

5. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose now includes:
• Current conditions of registration
• Updated Organisational chart reflecting the staffing of designated centre

Proposed Timescale: 30/01/2018

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:
The provider failed to ensure a record of six monthly unannounced provider visits to the centre were maintained

6. Action Required:
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:
A written report of unannounced visit carried out will be completed and available for viewing on 16/02/18.

Proposed Timescale: 16/02/2018

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure action plans for improvement had measurable timeframes in place for actions to be completed by

7. 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:
Measurable timeframes are now included on all actions that need to be completed after annual audit or six-monthly unannounced visit.

Proposed Timescale: 16/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that the staff roster for the centre detailed:
- the exact start and finish times of shifts worked

- positions held by staff working in the centre
- the full date of the period of time that the roster was created for

8. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Staff Roster for the centre now includes following detail.
• The exact start and finish times of shifts worked.
• Positions held by Staff working in the centre.
• The full date of the period of time that the roster was created for

Proposed Timescale: 29/01/2018