

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Elms
Centre ID:	OSV-0004877
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Ivan Cormican
Support inspector(s):	None.
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
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 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: 18 July 2017 09:00 To: 18 July 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 22 and 23 October 2015, 17 actions were identified following the previous inspection. The inspector found that 16 of these actions had been addressed and one action had not been implemented as described and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with seven residents who were observed to interact warmly with staff and appeared to enjoy their surroundings. The inspector also spoke with six staff members, including the person in charge and a staff member who was part of the management structure of the designated centre. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of three, two-storey houses that accommodated up to seven residents who had a disability. Each resident had their own bedroom which was warm, comfortably furnished and decorated with personal effects. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. In addition, adequate communal rooms were available for residents to have visitors such as family and friends. Two of the houses were located in a suburban neighbourhood of a large town and one house was located within walking distance of a small village. Transport was also available to support residents to access the community.

Overall judgment of our findings:

This inspection found compliance with the regulations under outcomes including safeguarding, notifications and welfare and development. The inspector also found that some adjustments were required in regards to residents' rights, dignity and consultation, social care needs, medications and healthcare. In addition, the inspector found that improvements were required in relation to health and safety which included fire precautions, governance and management and workforce which included staff files and volunteers.

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):

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

Findings:

On the day of inspection, the inspector found that the rights and dignity of residents were promoted in the designated centre. The actions from the previous inspection had been addressed with intimate care plans updated to include measures to promote the privacy and dignity of residents. Residents had also been supported to consent to care in areas such as intimate care and the administration of medicines. However, some improvements were required to the complaints procedure in the centre.

The inspector met with all residents in the designated centre. Residents who were able to verbally express their thoughts and feelings stated that they were happy in the centre and that they were supported to take control of their own lives. Residents stated that they were respected by all staff members and could go to them if they had any concerns.

Residents stated that they could complain to any staff member if they were dissatisfied with the service provided and they felt reassured that their complaint would be responded to in a prompt manner. The inspector noted that there were no active complaints on the day of inspection. The provider had displayed information in regards to making a complaint within the centre; however, this information did not clearly identify the two nominated people to manage complaints.

The inspector observed that residents were consulted in regards to activities and meal choices on the day of inspection. Residents' meetings also occurred on a regular basis and topics such as personal safety, advocacy, medications and meal choices were discussed. Residents were also registered to vote and were supported to exercise their

political views on election day.

Residents were supported to manage their finances with some residents requiring no support in this area. Some residents were identified as requiring support and appropriate measures were implemented by the provider such as regular review and auditing of cash balances, receipts and records of income and expenditure.

Staff were guided by intimate care plans which were regularly updated and promoted the independence of residents in this area of care.

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):

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

Findings:

On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. The actions from the previous inspection had been addressed with specific personal goals now in place for all residents which identified people to aid the resident in achieving their chosen goal. However, improvements were required in regards to the review of residents' personal plans.

Each resident had a personal plan in place which had been developed following consultation with the resident, their family and the multidisciplinary team. Each plan contained a 'discovery document' which detailed areas such as the resident's life history, relationships, healthcare, their home, education, training and development. However, the inspector found that this document had not been reviewed on an annual basis for one resident.

Residents had been supported to develop personal goals through an individual planning process. Each goal had an action plan in place which identified people to assist the resident in achieving their chosen goals which for example included going on holidays, seeking employment and learning to use an automated teller machine (ATM).

Residents' personal plans were also available in an accessible format.

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):

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre; however, improvements were required in regards to fire precautions and risk management. The actions from the previous inspection had been addressed with candles removed from the centre and updated fire checks and personal emergency evacuation plans (PEEPS) in place.

The provider had fire precautions in place which included a fire alarm, fire doors, emergency lighting, fire extinguishers and smoke detection devices. Staff had conducted regular audits of these systems to ensure they were in good working order and all equipment was serviced by an external contractor. The inspector found that some fire doors within the centre remained open throughout the inspection to facilitate residents to access areas of the designated centre; however, the provider had not assessed this in terms of risk and did not have systems in place to ensure that fire doors would be closed in the event of a fire.

Staff within the centre had conducted regular fire drills and had good knowledge of the procedures to be followed in the event of a fire occurring. Each resident also had a personal emergency egress plan (PEEP) in place which clearly stated what assistance they required to evacuate the designated centre.

The person in charge maintained a risk register which highlighted the controls and measures in place to address identified risks such as fire, infection control, and electrical equipment.

Each resident had a risk management plan in place for all identified risks which was rated and regularly reviewed; however, the inspector found that a resident who was identified as at risk of falls did not have a risk assessment in place.

The centre had infection control procedures in place which included the promotion of hand washing and the use of colour coded mops.

The centre had systems in place for the monitoring and review of adverse events. The inspector found that all events were appropriately responded to by the person in charge.

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:

On the day of inspection, the inspector found that residents were protected from potential abuse. The action from the previous inspection had been addressed with multi-disciplinary input now included in the use of restrictive practices.

Residents in the centre stated that they felt safe in their home and the inspector observed staff interacting with residents in a caring and respectful manner. Staff also had good knowledge of identifying abuse and reporting procedures within the organisation including identifying the designated person to manage allegations of abuse.

The centre had one restrictive practice in place which was regularly reviewed by the multi-disciplinary team. Consent for the use of the restrictive practices was also sought from residents' representatives at the annual review meeting and timelines for its use were also documented.

Residents who required support with behaviour that challenges were referred to an appropriate professional as required. One resident had recently been referred for support in this area. This resident had also received support in the past from a behavioural support specialist in regards to assisting them to evacuate the centre in the event of a fire.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

On the day of inspection, the inspector found that the person in charge had a good understanding of the required notifications and the timelines for their submission. The person in charge also maintained a record of all submitted notifications.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the inspector found that welfare and development of residents were promoted in the designated centre. The action from the previous inspection had been addressed with an educational assessment completed for each resident in the centre.

Residents stated that they were supported to attend further education and seek employment opportunities if they so wished. Some residents had received certificates from an adult education centre in areas such as literacy and numerical skills. Other residents were supported to attend paid employment and one resident had their own business.

Residents were also supported to attend work experience and pursue personal interests in areas such as transport.

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):

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

Findings:

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre. However, the action from the previous inspection was not appropriately addressed with improvements required in regards to end-of-life care.

Residents enjoyed a good quality of life and were supported to access their GP in times of illness and were reviewed on a regular basis by specialists such as neurologists and psychiatrists. Residents also had access to allied health professionals such as dietitians, physiotherapists and occupational health.

Residents had hospital passports in place to support the delivery of acute care as well as care plans to assist staff in the delivery of care in areas such as epilepsy.

The inspector reviewed a resident's personal plan which indicated some preferences they may have in regards to their end-of-life care; however, the inspector found that little progress had been made in supporting the resident with these decisions.

The inspector observed that home cooked meals and snacks were prepared on the day of inspection and residents had free access to fruit and refreshments.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the inspector found that appropriate medication practices were in place. However, improvements were required in regards to rescue medications administration protocols and the assessment of residents to self-medicate.

The inspector found that the centre maintained appropriate prescription sheets and medication administration records. Medication was also securely stored within a locked press with the key held by the senior staff on duty.

Staff had received training in the safe administration of medications and had good knowledge in this area, including the procedures to be followed in the event of a medication error.

The centre had rescue medication administration protocols in place and staff who were interviewed had good knowledge of these plans. However, this protocol did not include the maximum dosage to be administered or a review date as stated in the centre's medication policy. The inspector also found that residents had not been assessed to self-medicate.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the provider had appropriate governance and management systems in place. However, improvements were required in regards to the six monthly unannounced provider audits.

The person in charge was in a full-time role and had a remit over two designated centres. The person in charge was supported by a staff member who was part of the management structure of the designated centre and had oversight of the rota, staff training and the review of residents' personal plans in one house. The person in charge visited each house in the designated centre weekly and staff stated that they felt supported in their roles by the management structure of the organisation.

The provider had conducted a six monthly unannounced provider audit on 13 December 2016 as required under regulation which focused on outcomes such as residents' rights, premises, safeguarding, medications and workforce. An action plan had been generated to address issues which were identified and the inspector found that the majority of these issues were addressed in a prompt manner. However, the provider had not conducted further provider visits as required by the regulations.

An annual review of the service had been recently conducted and included consultation with the residents. The review examined areas such as internal audits and quality initiatives, complaints, health and safety and individual plans. An action plan had been devised to address identified issues following the review which had clear timelines for completion and a person assigned to each action.

The provider also conducted regular audits of health and safety, medications, personal plans and medications.

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):

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

Findings:

On the day of inspection, the inspector found that the workforce was meeting the assessed needs of residents. However, improvements were required to staff files and to the support of volunteers in the centre.

The inspector reviewed the training records which indicated that staff were up-to-date with training needs in areas such as fire safety, safeguarding, medications, manual

handling and management of behaviour that challenges. The provider also had a programme of refresher training in place.

The centre had three volunteers who supported some residents in a range of activities. The volunteers had their roles identified but not their responsibilities; also the volunteers had not received support and supervision from the person in charge.

The person in charge was conducting scheduled support and supervision with staff members who also stated that they felt supported by the management structure within the organisation.

The inspector reviewed a sample of staff files and found that they did not contain all the requirements of the regulations such as employment histories and written references.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection and regular staff meetings were taking place.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

On the day of inspection, the inspector found that appropriate records were held within the centre. The actions from the previous inspection were addressed with records well maintained and Schedule 5 policies recently reviewed. The inspector found that records held within the centre supported the care of residents.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004877
Date of Inspection:	18 July 2017
Date of response:	09 September 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints procedure failed to identify the people nominated to manage complaints.

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 Complaints Procedure will be reviewed and will identify specific people nominated to manage complaints locally and regionally.

Proposed Timescale: 15/09/2017

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 person in charge failed to ensure that a resident's personal plan was reviewed on an annual basis.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- The Person in Charge will ensure that the personal plan for the resident will be reviewed and a new plan completed by end of August.

Proposed Timescale: 31/08/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure that

- the practice of fire doors remaining open was assessed in terms of risk
- residents at risk of falls had an appropriate risk assessment in place

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:

- Falls Risk Assessments will be completed for two residents affected.
- Risk assessments will be updated to include the risk of fire doors remaining open.

Proposed Timescale: 25/08/2017

Theme: Effective Services

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

The provider did not have systems in place to ensure that fire doors would be closed in the event of a fire.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- Door closers will be installed on selected fire doors in the main living areas. In addition risk assessments will be updated to include the practise of residents and staff closing internal doors when exiting the house and last thing at night.

Proposed Timescale: 30/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The person in charge failed to ensure that a resident's preferences in regards to their end of life care had been sufficiently progressed.

5. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

- The person in charge will ensure that Individual Personal Plans will be updated to include resident's wishes regarding end of life care.

Proposed Timescale: 01/09/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The person in charge failed to ensure that residents had been assessed to self

medicate.

6. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

- The Person in Charge will ensure that an assessment of capacity to self-medicate will be completed for each resident and each individual will be encouraged to take responsibility for their own medication in accordance with their wishes, preference and in line with their age and the nature of their disability.

Proposed Timescale: 30/09/2017

Theme: Health and Development

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

The provider failed to ensure that epilepsy care plans contained the maximum dosage to be administered in 24 hours and a date for review.

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The PRN protocol for administering emergency rescue medication will be amended to indicate the maximum dosage permitted in a 24 hour period and include a review date.

Proposed Timescale: 28/07/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed to ensure that an unannounced provider visit was conducted every six months as required under regulation.

8. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by

the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

- The organisation had a schedule in place for the completion of the unannounced 6 month visit and audit, but, it was not completed at the time of the monitoring visit (18/07/17). It was subsequently completed on 02/08/2017.

Proposed Timescale: 02/08/2017

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 staff files contained all the requirements of Schedule 2 of the regulations.

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 staff files for this designated centre will be reviewed to ensure they contain the requirements of Schedule 2.

Proposed Timescale: 30/09/2017

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 volunteers received support and supervision.

10. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

- The Person in Charge will ensure that the volunteers receive support/supervision session.

Proposed Timescale: 30/09/2017

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 volunteers had their responsibilities set out in writing.

11. Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

- The person in charge will ensure that volunteers receive clear written description of the role, responsibilities and tasks they are expected to undertake.

Proposed Timescale: 30/09/2017