

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Ard Aoibhinn Services
Centre ID:	ORG-0008255
Centre county:	Wexford
Email address:	groche@ardaoibhinn.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ard Aoibhinn Services
Provider Nominee:	Gerard Heaney
Person in charge:	Geraldine Roche
Lead inspector:	Tom Flanagan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 May 2014 09:00 To: 29 May 2014 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of the centre carried out by the Authority. According to its statement of purpose, the centre provided overnight and day respite for children aged up to 18 years with intellectual disability and/or autism, who may have high physical or medical needs as well. Residential weekends were provided every second weekend with a number of residential respite weeks during the summer months. As part of this inspection, the inspector met with children, the person in charge, the house manager, staff members, and the manager of services. The inspector observed practices and reviewed documentation.

The centre was located in a detached four-bedroom house in a suburban area on the outskirts of a large town. Facilities also included a multi-sensory room and a large and well-equipped playroom. A safe and purpose-built outdoor play area was located to the rear of the premises and there was ample car parking space at the front of the premises.

Four children, all of whom required a high degree of support and care, were receiving a weekend respite break at the time of inspection. All of the children were engaged in an educational programme in one of the special schools in the area.

The inspector found that the service provided opportunities for children to enjoy a short break from home in conjunction with their peers. Children received a child-centred service in an environment which was comfortable, supportive and safe. Care was delivered by a committed and skilled staff team. The centre was well managed and evidence of good practice was found across all of the outcomes inspected.

Improvements were required in the area of staff supervision and a child-friendly version of the statement of purpose needed to be developed.

The improvements required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Children had personal plans that were based on comprehensive assessments and set out their individual needs and choices and the supports they required to enable them to maximise their potential and enjoy their brief respite breaks in the centre.

Inspectors viewed the personal plans of four children. They were developed with the active participation of children, where possible, and their parents and each was signed by the child's parent(s) and the house manager. Each plan had a date for review.

Children who were in the care of the state and availing of the respite service had their consent forms signed by their social worker.

The personal plans were based on comprehensive assessments of need undertaken by the house manager and care staff. The assessments included sections on aspects of the children's lives such as health, medical condition, education, personal care, communication, activities, eating and drinking and sleep patterns. Inspectors found that these assessments formed the basis of individual plans that were implemented during the respite breaks. The assessments took into account the recommendations of specialist assessments carried out by other professionals. Copies of assessments and correspondence to and from other professionals were maintained on the children's files. For some children, whose needs were complex and who availed of respite more frequently than other children did, the personal plans were more detailed. Each child's file also contained a child-friendly "all about me" document which included a photo of the child and a description of their likes and dislikes and their routines, interests, feelings and various things they wished the staff to know about them, including the people, friends and pets who were important to them.

The children's personal plans were reviewed by staff prior to each respite break. A respite summary document was completed after each respite break. The inspector viewed an annual progress report which contained goals and objectives for the child for the following year.

Children were supported as they made the transition from home or school. This involved the house manager contacting the parents in advance to confirm the respite break, discussion with the parents about the current needs/requirements of the children and making the practical arrangements for collecting the children and returning them, usually to school on the following day. Feedback was provided to the parents on their children's stay. On their arrival at the centre from school, the children seemed at ease and comfortable with the centre and the staff. Staff offered them snacks which the children who could do so chose themselves.

The person in charge and provider nominee told the inspector that there were limited options in relation to suitable adult respite services for children who were approaching the age of 18 and could no longer avail of the service. They told the inspector that they often liaised with another service in the county when the child had reached 16 years and that it was sometimes possible to facilitate an organised transition to the other service. The organisation was currently in the process of developing its own respite service for adults.

As the respite breaks were of very short duration and were infrequent for many children, it was not possible for staff to be involved in in-depth preparation of the children for independent living. The children had high support needs and required constant support and supervision. Nevertheless, there was evidence that children were encouraged to be involved in decision-making and in giving their opinions on meal planning and on the activities in which they took part.

Each child had an individual respite activity plan and was given the opportunity of participating in play and activities that they enjoyed. Facilities were provided on site in the form of a large play room, which was well stocked with an array of games and activities, and a safe outdoor play area. A multi-sensory room was also available. Children also took part in trips away from the centre and activities in the community such as swimming, bowling, meals out and picnics.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were systems in place to promote the health and safety of children visitors and staff.

There was a centre-specific safety statement in place which was dated 3 March 2014 and was signed by the person in charge and house manager. Associated measures were in place to ensure the safety of children, staff and visitors. These included general arrangements for safety and specific instructions and guidelines to staff regarding security, fire safety, first aid, medical facilities and maintenance. The measures in place to identify specific risks in the centre were outlined.

A record was maintained of all persons entering and leaving the centre and a burglar alarm was in place. The vehicle used for transporting children was registered, taxed and serviced and contained safety equipment. Arrangements were in place for the vehicle to be checked and serviced regularly. Maintenance issues were recorded and addressed by the maintenance department in a nearby HSE centre.

The procedures in place for the prevention and control of infection were satisfactory. The premises was clean. Colour coded cleaning materials were used and all chemicals were locked in secure cupboards. The facilities and materials available for hand washing were sufficient. Disposable gloves and other materials were stored in locked drawers in the children's rooms. A cleaning schedule was adhered to by the staff team and the house manager told the inspector that a deep clean of the premises was undertaken after each respite break.

A range of assistive equipment was used in the centre. This included a hoist and slings, a specialised bath, electric beds and equipment for the multi-sensory room. This equipment had all been serviced in recent months and documentary evidence of this was maintained. The house manager told the inspector that parents generally sent in the children's own slings which suited their weight and size. First aid equipment was stored in the staff office and was checked every two weeks. Oxygen, a suction machine and a defibrillator were also available on site.

An up-to-date risk management policy was in place and was implemented. Accidents and incidents were recorded on specific forms which were signed by the person in charge and house manager. An analysis of all accident/incident reports was carried out every six months. A range of centre-specific risk assessments were carried out in early 2014 and were maintained in a risk register. The assessments were wide-ranging and identified specific risks, the measures in place to control them, any additional controls required and the name of the person responsible.

Precautions were in place to guard against the risk of fire. Suitable fire equipment was available and this was serviced in March 2014. The fire alarm received its quarterly service on 12 March 2014. The emergency lighting was also serviced on that date. The fire exits were unobstructed. The house manager told the inspector that staff checked fire precautions daily and, though there had not been a fire precautions checklist in operation for staff, the person in charge put one in place on the day of inspection. Fire

doors were also in place. Records showed that fire drills were held monthly and staff confirmed this. The most recent one took place on 2 May 2014 and the names of participants, which included both staff and children, and the time taken to evacuate the premises were recorded. A procedure for the safe evacuation of children and staff in the event of fire was prominently displayed. Training records showed that all staff took part in fire safety training on 1 April 2014. Staff were knowledgeable regarding the steps to be taken in the event of a fire.

An emergency plan was in place which contained the arrangements for responding to a range of emergencies that may require evacuation of the premises. Procedures were also outlined in the event of a child going missing, an accident/incident and any unauthorised entry to the premises. Contact numbers for senior managers and emergency services were available for staff.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard the children and protect them from abuse.

There was a centre-specific policy and procedures on child protection which had been updated on 20 May 2014. The policy was comprehensive and the guidance for staff was clear in relation to their responsibility to report abuse of children. It made clear that staff were free to consult with or report to senior management, the Child and Family Agency or An Garda Síochána if, having raised concerns about a child's situation, they remain concerned. The document also contained a copy of the standard report form and the contact details for the local social work department.

The person in charge was the designated person for reporting allegations or suspicion of abuse and neglect in accordance with national guidance. She was aware of her responsibilities which she outlined to the inspector and she demonstrated clarity in relation to the steps she would take in the event of an allegation of or suspicion of abuse of a child. There had been no allegations or suspicions of abuse or neglect

recorded or reported in the centre.

The person in charge told the inspector she had completed training in Children First (2011) and had subsequently provided training on Children First (2011) to the staff team in conjunction with an experienced child care professional in April 2014. Training records confirmed this. A staff member interviewed by the inspector was knowledgeable regarding the signs and symptoms of abuse. She/he was clear about how to report any concerns she/he had and was confident that she/he could report any concerns she/he may have about a fellow staff member or the organisation if this was warranted.

There was evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging for individual children. The inspector viewed a behaviour support plan for one child and found that it contained a functional analysis of the behaviours, strategies/interventions, a communication plan and follow up programme to promote the child's independence and encourage alternative behaviours. The plan was drawn up by a behaviour therapist. There was also evidence of a recent meeting in relation to the child and this was attended by the person in charge and house manager, the parents, liaison nurse, teacher and principal from the child's school.

There was an organisational policy on behaviours that challenge, dated 21 November 2013. This promoted understanding of the behaviours that challenge and the use of interventions that were based on a non-restrictive, multi-disciplinary behaviour support model. Records showed that staff were trained in this area and the person in charge told the inspector that a restraint-free environment was encouraged and that restraining devices such as bed rails were used only when prescribed by a professional for the safety of the child. This was reflected in the organisation's procedures manual on restrictive procedures, dated August 2013. In the case of one child, the inspector observed that this practice was prescribed by an occupational therapist, risk assessed and reviewed.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Systems were in place for the safe management of medication in order to protect children.

A policy and procedures on the ordering, prescribing, storing and administration of medicines to residents was in place. The policy was comprehensive and was implemented in the centre. It was authorised and contained the dates of development and a date for review.

The house manager explained the process of medication management to the inspector. Prior to a child's arrival at the centre, an up-to-date prescription sheet was received from the child's general practitioner. Staff also enquired of the child's parents if there had been any issues arising in relation to medication since the child was last in the centre. A folder was created for each respite break and this contained the prescription cards and the administration sheets for the children who were being admitted. The inspector viewed a specific medication management plan in relation to one child.

Staff authorised to administer medication included nursing staff, who were all registered, and other staff, who had undergone a two-day training in medication management. The policy required authorised staff to attend annual refresher training. The inspector interviewed one of the non-nursing staff authorised to administer medication, who demonstrated knowledge of correct procedures. Inspectors viewed the prescription cards and administration sheets which contained all required information. A signature sheet, containing the names and signatures of staff authorised to administer medication, was included in the medication records.

The house manager told the inspector that parents often delivered their own child's medication to the centre or medication was safely transported with the child from school. This was in line with the centre's policy. A system was in place for the checking and recording of all medication received and appropriate records were maintained. Medication was stored securely in a locked cupboard. The keys were in the possession of one staff member, either a nurse or staff authorised to administer medication. A fridge was available for the storage of medications when required but was not in use on the day of inspection. Systems were in place to manage controlled drugs. These included the use of a separate secure cupboard for their storage and a register of controlled drugs which was used and maintained appropriately.

Procedures were in place for the recording of incidents or near misses. The inspector viewed the records of one such incident early in 2014. A medication error was quickly identified by the house manager and the incident was thoroughly investigated. Learning took place and the system of checking administration of medication was improved. The house manager checked the administration sheets daily and the person in charge also undertook quarterly audits of medication management.

The policy on medication management promoted the self-administration of medication by residents when possible but, due to their high needs, none of the children were deemed to be competent to self-administer their medication.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a detailed statement of purpose which set out the ethos, the aims and objectives and the services and facilities provided. The statement was signed, dated and had a date for review. Staff interviewed by the inspector were familiar with the statement and it was implemented in practice. The statement contained almost all the information required by the regulations. It was updated by the person in charge and submitted to the Authority immediately after the inspection.

A copy of the statement of purpose was available close to the entrance to the centre for parents and relatives to read if they wished. However, there was no accessible version of the statement available for children.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The management system in place supported and promoted the delivery of a safe, quality care service.

The person in charge described a clearly defined management structure, which identified the lines of authority and accountability in the centre and this was set out in the statement of purpose. Staff nurses and care staff reported to the house manager,

who reported to the person in charge. The person in charge reported to the manager of services who, in turn, reported to the board of management.

Management systems to review the quality of care and support to residents were in place. The policies and procedures had all been reviewed and updated. There was written evidence that complaints and accidents/incidents were recorded and reviewed and that learning was implemented as a result. The person in charge had put in place a system of audits in January 2014. This began with audits of medication management and children's files. The manager of services told the inspector that information and learning from the audits and reviews would contribute to a process of formulating an annual review of the quality and safety of care and support for 2014.

The person in charge was a registered nurse in intellectual disability (RNID) and had extensive experience of managing residential service for adults and children within the organisation for approximately seven years. She was in a full-time position and was also the person in charge for two designated centres for adults with disabilities. When interviewed, she demonstrated adequate knowledge of the legislation and of her statutory responsibilities. Staff told inspectors that they were well supported by the person in charge.

The person in charge ensured the effective governance, operational management and administration of the centre. She was not based in the centre but records showed that the person in charge met with the house manager every month and with the manager of services every six weeks. She visited the centre twice per week and received a report from house manager each Monday. There was also extensive contact between the person in charge and the house manager by email and phone on a range of issues related to the centre. She told the inspector that she had attended national seminars on the National Standards and the Regulations and had organised a two-day training for senior staff on the National Standards and Regulations and that learning from this was disseminated to other staff at staff meetings.

The person in charge had undertaken training in management and was currently committed to her own professional development. She also told the inspectors that she was available to be called by staff outside of normal working hours in the event of a crisis. She was a member of the Family Support Allocations Team (FSAT), which included a number of external professionals and made referrals to the centre, and she was aware of the individual children who used the service and their needs.

The inspector viewed a copy of the service level agreement with the Health Service Executive (HSE) for 2013 as the agreement for 2014 had not yet been completed. Key performance indicators were maintained and these were returned to the HSE each quarter. The inspector viewed minutes of meetings between the manager of services and managers from the HSE in which aspects of the operation of the service level agreement were reviewed.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were sufficient skilled staff to meet the needs of residents and to provide the delivery of safe services. The staff group was small in number and this meant that continuity of care was ensured. Staff had up-to-date mandatory training and access to other training and education.

The staff team comprised a house manager, who was a clinical nurse manager, two staff nurses (2.7 whole time equivalent nurses) and five care staff (2 whole time equivalent care staff). Any relief workers that were employed were regular to this centre and other centres within the organisation.

Staffing levels took into account the assessed needs of the resident and the size and layout of the premises. For example, there were normally three staff rostered from the time children finished school until 8pm, two staff from 8pm until 8am and three staff from 8am on the days that children remained in the centre during the day. On the days on which respite breaks began, staff came on duty at 12.30pm to prepare their programme. The inspector viewed the staff rota for the time of inspection and for the following month and saw that staffing arrangements were organised to have a minimum level of staff on duty while children were at school and a maximum number of staff on duty when residents were in the centre and participating in activities. The house manager told the inspector that an extra staff member could be rostered if the needs of the children required this. The person in charge confirmed that this had happened on occasion during 2013 and that staffing levels were monitored to ensure that children's needs were met. Staff members had a range of skills and experience and these were recorded in their files. The team included staff with qualifications in nursing, social care and child care. All nursing staff were registered. Care staff had a minimum of National Vocational Qualifications (NVQ) Level 5 qualifications.

The staff rota was planned at least one month in advance. The person in charge explained that the small number of staff ensured that continuity of care for the children was provided and meant that staff were very familiar with the needs of the children they worked with. Inspectors observed staff interacting with residents and found that they treated them warmly and with respect. They presented as caring in their dealings with the children and responsive to their needs.

A rolling programme of training was in place in the organisation. Centralised records were maintained and the manager of services told the inspector that a system was in place for alerts to be created when staff required updates on mandatory training. Training certificates were maintained in the staff member's files. Records showed that Children First (2011) training was provided by an external professional and the person in charge on 27 May 2014. Training in manual handling was provided on 23 July 2013 and training in a model of crisis prevention intervention was provided on 31 May 2013. The person in charge told the inspector that a speech and language therapist in the locality had agreed dates for the provision of training in sign language with a view to the centre becoming a signing environment. There was evidence that individual members of staff had completed training in 2014 in managing behaviour that challenges, first aid and the safe administration of medication. A detailed induction programme was available for staff since April 2013 but no new staff had been recruited since then.

The inspector interviewed the house manager and another member of staff. They were very familiar with the policies and procedures, the legislation and Standards and presented as competent. Staff meetings were held approximately every eight weeks and were attended by the person in charge and detailed minutes were maintained. The provider nominee attended the meeting every four to six months.

A detailed policy and procedures was in place for supervision and appraisal but this had not yet been implemented. The person in charge told the inspector that arrangements were being made to begin supervision sessions with staff in July 2014. While some managers had received training in the provision of supervision, others had not and this issue needed to be addressed in order to ensure the staff are supervised appropriately.

There was a robust recruitment policy in place and the person in charge had the support of the organisation's human resources section. The inspector viewed a sample of five staff files, two of nursing staff, two of care staff and the file of another member of staff. The files were well-maintained and each file contained all the information and documents specified in Schedule 2 of the Regulations.

Students worked on placement in the centre on occasion. The inspector viewed the file of one student and found that arrangements were in place for all required documentation to be maintained, including Garda Síochána vetting, references and insurance, and that appropriate arrangements were made for the students' supervision. There was also a policy in place on volunteers which sets out their rights and responsibilities and the arrangements to be put in place for their support and supervision.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Tom Flanagan
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 Ard Aoibhinn Services
Centre ID:	ORG-0008255
Date of Inspection:	29 May 2014
Date of response:	09 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose was not available in a form that was accessible to children.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

We are currently developing an easy read format of the statement of purpose and expect to have this completed by 20th of August 2014

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

Proposed Timescale: 20/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The policy on supervision had not yet been implemented.

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:

We are currently establishing a format for the formal supervision of Staff within residential services Expected start date July 2014

Proposed Timescale: 14/07/2014