<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Realta Services</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002616</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Sligo</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Ann Gilmartin</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Catherine Glynn</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>4</td>
</tr>
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<td><strong>Number of vacancies on the date of inspection:</strong></td>
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</table>
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: 09 March 2017 09:00
To: 09 March 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</tbody>
</table>

Summary of findings from this inspection
Background to service
Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and 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) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the
How we gathered our evidence
The inspector met with 4 residents, two staff members and the person in charge (PIC) during the inspection process. Not all residents were able to communicate with the inspector. However, the inspector spent time with all four residents observing practice with all of the residents and observed practice. The centre is situated on a campus setting and consists of one unit. This centre is attached to another designated centre, also managed by the PIC.

Inspectors reviewed practices and documentation, including two residents' files, eight staff files, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service
This centre is managed by the Health Service Executive (HSE) and is located outside Sligo town. The centre provides residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate male and female residents, from the age of 18 years upwards. The centre is located in close proximity to a town outside of Sligo and comprises of one unit accommodating six residents. There is an additional designated centre attached to this centre which is managed by the same person in charge.

The person in charge had overall responsibility for the centre. The person in charge is supported in her role by the provider. The person in charge works directly in the centre, in an administrative capacity and regularly visits the unit to meet with staff and residents. The unit is a two storey dwelling which has a communal kitchen, dining room, lounge and bedroom spaces for residents.

Overall judgment of our findings
The inspector found that there continued to be a lack of a coordinated approach to maintain and enhance the care and support needs for all of the residents in the centre. Of the five outcomes inspected, two were found to be in moderate non-compliance and three outcomes were found to be in major non-compliance. The findings are set out in the main body of the report and 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Overall, the inspector found that there had been some improvement since the last inspection. All of the residents were now engaging in a day service where they chose. Actions from the previous inspection relating to, comprehensive assessments for all residents and residents' participation in the development of their plans, had not been completed.

The inspector noted that social engagement and activities were limited for the residents, as staff were required to support residents in another designated centre. Staff (including of the person in charge) spoke of the impact of this for all of the residents, due to the management of behaviour that challenges within the designated centre. Compatibility assessments for residents living together, had not been completed.

Three residents attended scheduled day programmes, which was an improvement since the last inspection. The residents' daily notes reflected their attendance for times allocated and included attendance at other activities provided at the centre. The inspector also found that respite was provided to two individuals and additional staffing was allocated when they attended, as their care and support needs were complex. Residents who required an individualised service, were actively supported as set out in their personal plans.

Judgment:
Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The inspector noted that actions from the previous inspection were addressed regarding effective fire procedures.

There were systems in place that guided and informed staff to maintain effective fire safety in the centre. Records reflected the required safety checks; for example; fire doors, emergency exits, emergency lightning, fire panel checks were regularly completed and equipment had been provided where required for residents use, in the event of an emergency. On review of training records, all staff were trained in fire safety and this was monitored by the person in charge.

The inspector found that there were gaps in the documentation required to ensure comprehensive management of the overall health and safety of the designated centre. For example, a site specific safety statement had not been maintained and records of maintenance for transport were not held by the person in charge.

This designated centre was attached to another designated centre and there were systems in place for the safe evacuation for all resident's with the use of a horizontal evacuation procedure. However the inspector noted, on review of fire drills, that this system had not been implemented, and staff had responded as individual units and exited to the external fire assembly point. This was also noted by the inspector from discussion with staff on duty in the centre.

There were policies and procedures in place to support a risk management process in the designated centre. However, the inspector noted that there were gaps evident as the person in charge had failed to implement the monitoring systems required by the provider. In addition, the person in charge did not ensure that the systems in place for risk management were up-to date, as required by the risk management policies.

On review of risk assessments completed, the inspector noted that the risks outlined did not reflect an understanding of the risk management process in place. The inspector found that regardless of controls in place the person in charge had failed to revise the risk scoring to reflect the control measures in place.

The person in charge had not implemented effective infection control systems and procedures 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Actions from the previous inspection remained outstanding with regard to safeguarding training. The inspector reviewed training records and found that not all staff were trained in line with the organisation's policy.

The inspector found that there were policies and procedures in place that guided staff and to promote a safe environment. However the designated person had failed to address the compatibility needs for all residents regarding the impact of residents who presented with behaviours that challenge.

At the time of inspection, there were no safeguarding plans in place. Staff and the person in charge told the inspector that they had identified a noticeable negative impact on residents, due to one residents' behaviours that challenge. The inspector spoke with the person in charge regarding the lack of notifications relating to this impact. While there were no restrictive practices in place in the centre, the inspector observed that residents were not comfortable to access all areas of their centre on the day of inspection due to the risk associated with these behaviours that are challenging.

The inspector noted that where support was required from a behaviour therapist or multidisciplinary staff it was documented and recorded in the resident's personal plan. This guided staff and regular reviews were available when required. The inspector noted that the person in charge had developed plans for emergency support needs for residents, and there was evidence of the plans being implemented in the daily notes.

Medication that was prescribed as required had guidelines in place and these were monitored by the person in charge with the prescribing practitioner.
**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 inspector noted that on the day of inspection, the provider had appointed a temporary director of nursing to ensure support and guidance was available to the person in charge. In addition, the director of nursing attended the centre on the day of inspection and understood that there were significant gaps in practice with regard to the requirements of the regulations.

Actions remained outstanding since the previous inspection and actions were identified by the HSE in a recent quality improvement plan and a draft joint six month unannounced audit. However, the managers conducting the six month audit failed to recognise that a joint report raised concerns regarding the confidentiality of residents across the two designated centres.

There was an active quality improvement plan in place for the centre, which was monitored on a weekly basis. The person in charge was required to provide a weekly update to this team. However, on the day of inspection, the inspector noted that the person in charge had missed the most recent review required. There were 43 actions outlined and twenty one actions were overdue. In addition, the previous HIQA inspection report had identified ten actions and the inspector found that eight of the actions had not been completed on the day of inspection.

On review of the person in charge's staff file, the inspector found that documents were not obtained as required by schedule two of the regulations. The person in charge had not received formal supervision to guide and review practice in their role in the designated centre.

There was no formal on-call system in place at the designated centre. The inspector found that the person in charge provided on call for the designated centre seven days a week, in addition to providing on-call support for her area manager at weekends.
provider had failed to implement appropriate systems and structure for the designated system to provide support to all residents and staff.

**Judgment:**
Non Compliant - Major

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

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

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

**Findings:**
The inspector reviewed staffing files and found that there were gaps evident in the documentation required in line with schedule two of the regulations.

On review of staffing rosters the inspector found that there were inconsistencies in staffing provided for the residents and did not reflect the staffing levels as detailed in the statement of purpose. The inspector had spoken with the provider regarding the level of inconsistency and the failure to address on-going staffing issues, this resulted in temporary staff being provided on the day of inspection to ensure that the required skill mix and staffing requirements were in place. However the inspector noted that this was also an action identified in a recent HSE quality improvement plan.

In addition, no assessment had been completed with regard to the skill mix required for all residents in the centre. The inspector noted on review of the roster that there were shortages of nursing staff, therefore where a nurse was rostered, they worked between two designated centres attending to the care and support needs of 18 residents'. However, the inspector found that there were gaps in practice with regard to their administrative duties.

The inspector noted that there was no formal supervision provided to staff working in the designated centre at the time of inspection.

The inspector found that staff meetings were not consistent and did not offer the opportunity for consultation or opportunity to raise concerns for all residents or practices in the centre.
Judgment:
Non Compliant - Major

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:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provided's response to inspection report

<table>
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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002616</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 March 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 April 2017</td>
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Requirements

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

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

Outcome 05: Social Care Needs

**Theme:** Effective Services

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

The provider had failed to complete a compatibility assessments for all of the residents in the designated centre.

**1. Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

**Please state the actions you have taken or are planning to take:**
The person in charge has ensured that compatibility assessments have been completed with each resident. Completed on 14/04/17

**Proposed Timescale:** 14/04/2017

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<td><strong>Theme:</strong> Effective Services</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The provider had failed to ensure there were effective systems in place for the ongoing review and monitoring of risk in the designated centre.</td>
</tr>
</tbody>
</table>

**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:**
- The Provider has ensured that a system is now in place for the assessment, management and on-going review of risk and incidents. Management will be in attendance at the monthly meetings to monitor and ensure on-going review of risk and the shared learning from incidents in the centre. Completed on 05/04/17
- The Health & Safety Statement has now been updated. A new health & safety system has been introduced across all areas in the designated centre. The new safety statement now reflects the current management structures and supports provided in the event of emergencies. Completed on 31/03/17

**Proposed Timescale:** 05/04/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had failed to ensure that infection control procedures were implemented in the designated centre.

**3. Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.
Please state the actions you have taken or are planning to take:
• Cleaning schedules have been reviewed and are now being actively monitored on a daily basis by the PIC. Completed on 31/03/17
• Infection control audits have commenced within the designated centre and will be monitored by the PIC. The PIC has ensured that following completion of the audits, action plans are developed. Re-audits will be completed. Learning from the audits will be shared at the Governance for Quality & Safety meetings on 12/04/17 and monthly after that.
• Infection control Nurse Specialist will be requested to provide training and support to staff. This will be delivered on 28/04/17.

Proposed Timescale: 28/04/2017
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to monitor and review the evacuation procedures in the centre and that they were in line with the evacuation plans in place.

4. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
• New fire evacuation schedules have been developed and circulated within the designated centre. The PIC has also communicated with staff regarding the new schedules and will ensure they are carried out as scheduled. 5/04/17
• Fire safety training has taken place on 29/03/17. Additional fire safety training will be provided 13/04/17

Proposed Timescale: 13/04/2017

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not protected from the risk of abuse

5. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
• The Provider will ensure that Safeguarding plans are now in place for residents to ensure they are protected from abuse. These are incorporated into the personal plan
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to ensure that all staff had completed training in safeguarding as set out by the organisation and in line with national policy.

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

Please state the actions you have taken or are planning to take:
• The PIC has ensured that all staff have now completed training in safeguarding in line with the national policy. Completed on 04/04/17
• The PIC has developed a staff training database to ensure that all mandatory training is maintained up to date. Completed on 04/04/17

Proposed Timescale: 04/04/2017

Outcome 14: Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure the information required by schedule two was maintained in the designated centre.

7. Action Required:
Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

Please state the actions you have taken or are planning to take:
• The provider will ensure that all the required documentation is obtained, submitted to the authority and a record held in the designated centre for the Person in Charge. The Provider has requested the outstanding schedule two documentation by writing to the HSE national department requesting that they deal with the request for this PIC’s Garda vetting documentation as an urgent requirement.
**Proposed Timescale:** 16/06/2017  
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The provider had failed to complete the annual review of the quality and safety of care in the designated centre.

8. Action Required:  
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:  
The Provider Nominee has completed the annual review of the quality and safety of care and support in the centre. This review includes consultation with resident’s and families. A copy of this review will be available to residents, their families and staff.

**Proposed Timescale:** 27/04/2017  
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The provider had failed to ensure a six month unannounced visit was completed in the designated centre which did not outline another designated centre. This document was not readily available for residents or their representatives due to the information contained in this document.

9. 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 Provider Nominee has completed a 6 monthly unannounced visit and a report has been prepared for this designated centre. Completed on 17/04/17  
- The actions from the 6 monthly visits identified from the report will be submitted to the Provider and actively monitored by the senior management team on a weekly basis as part of the existing QIP. Completed on 17/04/17

**Proposed Timescale:** 27/04/2017
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that effective and formal on-call arrangements were in place in the designated centre.

10. 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:
The Provider has ensured that an out of hours on call service is now available. This will be reviewed following a 3 month period. In place since 30/03/17

Proposed Timescale: 30/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure the staffing required for the designated centre as set out in the statement of purpose was maintained.

11. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
• The provider is currently undertaking a staffing review to determine the number and skill mix of the staff teams required to meet the assessed needs of residents in the designated centre.
• The PIC has conducted a review of the rostering of staff and changes have been made to ensure the off duty meets the assessed needs of residents to achieve their social goals. 14/03/17
• The Provider has ensured that one staff who is due to retire has been granted an additional years employment. 10/04/17
• The PIC has consulted with the local agency and secured a consistent panel of staff 30/03/17

Proposed Timescale: 14/04/2017
Theme: Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps evident in staff files, as required by schedule two.

12. 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 personnel files are now stored in the designated centre and the PIC will ensure that all documents required by schedule 2 are in place by 05/05/17

Proposed Timescale: 05/05/2017
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that nursing care was provided and delivered in the designated centre.

13. Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
The Provider will ensure that the appropriate nursing staff based on the assessed needs of residents has been rostered in accordance with the statement of purpose and will be in place by 01/05/17

Proposed Timescale: 01/05/2017
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to implement supervision for all staff in the centre.

14. 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:
• Supervision of staff has commenced and a schedule of dates for all staff working in the designated centre has been developed by the PIC. Completed on 05/04/17
• All staff have been informed through written communication advising them of the supervision schedule. The schedule has been provided to staff by the PIC. 05/04/17
• Training in supervision of staff has been made available to staff through HSE land. Completed on 11/04/17

**Proposed Timescale:** 11/04/2017