

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002518
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jacinta Lyons
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 19 July 2016 09:00 To: 19 July 2016 16:55

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This unannounced monitoring inspection was carried out to monitor ongoing regulatory compliance. As part of the inspection, the inspector reviewed compliance with specific outcomes. The designated centre was previously inspected as part of another designated centre, but has now been reconfigured as a standalone centre and is part of the service provided by the HSE in Donegal. The centre provides residential services to adults with an intellectual disability.

**How we gathered our evidence**

During the inspection the inspector met with two residents at the centre. Residents told the inspector that they enjoyed living at the centre and were supported by staff to access activities of their choice in the local community. The inspector met with staff members, observed practices and reviewed documentation such as personal care plans, medical records, risk assessments and policies and procedures. The person in charge was not available at the time of the inspection, and in their absence the inspection was facilitated by the centre's senior nurse.

### Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre was a two storey detached house close to a nearby town, with easy access to all local amenities and shops. The centre comprised of five resident bedrooms with a communal accessible shower and toilet on the ground floor, and a further communal bathroom on the first floor with a bath. The centre also provided a communal sitting room and kitchen/dining room.

### Overall findings

Overall, the inspector found that residents had a good quality of life in the centre, and the provider had arrangements in place to ensure the safety of residents. Furthermore, the centre's senior nurse demonstrated knowledge and competence during the inspection. However, the inspector found the provider and person in charge had not, at all times, ensured effective governance, management and administration at the centre, which resulted in poor experiences for residents.

The inspector found that a lack of governance and management systems had resulted in:

- Residents' personal plans were not reviewed annually.
- Fire drills conducted at the centre did not show indicate if all staff and residents had been involved, and were conducted using minimum staffing levels.
- Arrangements at the centre did not ensure the containment of fire.
- All staff had not received training reflective the needs of residents.
- Out-of-date medication was not stored in accordance with regulation.
- The centre's Statement of Purpose was not in compliance with Schedule 1 of the regulations.
- The provider had not completed an annual review of quality and safety of care and support.
- The provider had not undertaken unannounced six monthly visits to the centre.

### Summary of regulatory compliance

The centre was inspected against ten outcomes. The inspectors found compliance in four out of the ten outcomes inspected, with substantially compliance in two outcomes relating to medication management and the statement of purpose. Major non-compliance was identified in one outcome relating to governance and management, with further moderate non-compliance in social care needs, health and safety and risk management and workforce.

These findings are further detailed 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 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Findings:**

The inspector did not look at all aspects of this outcome, reviewing only the contracts of care which were reflective of the service provided.

Contracts of care included a detailed description of support and services provided including total fees to be charged to residents. Furthermore contracts included information on additional charges to be met by the residents. Contracts were signed by both the provider and the resident or their representative.

**Judgment:**

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

**Findings:**

The inspector found although residents' personal plans supported identified needs, they were not reviewed on an annual basis to ensure their ongoing effectiveness.

Residents' personal plans were comprehensive in nature, showing supports required with activities of daily living, social and recreational activities and healthcare needs. Plans reflected residents' interests as expressed to the inspector. Plans were also available in an accessible format to residents.

A system was in place to capture residents' goals, and goals were reflective of residents' interests, although goals identified were of a recreational nature, and they did not promote residents' independence or skills as identified in personal plans. Furthermore, goals did not identify those responsible to support the resident to achieve them.

Daily care notes showed that residents had been supported with their identified goals, for example accessing local restaurants and sports centres and choice of day services. The inspector found that personal plans and residents' goals were not reviewed annually with the resident and their families to ensure their ongoing effectiveness.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

**Findings:**

The inspector found that the layout of the centre met both the individual and communal needs of residents.

The centre was a two storey detached house close to a nearby town. The centre was clean, suitably decorated and well-maintained. Residents had their own bedrooms which were of a suitable size and decorated reflected their personal interests and preferences.

The centre provided a communal bathroom on both floors, which accommodated the needs of residents accessing them. The lounge and kitchen/dining room met the needs of residents, and although the centre did not provide a separate visitors room, arrangements were reflected in the Statement of Purpose in regards to visitors being met in either the centre's lounge, kitchen or staff office which was further reflected in discussions with staff and residents.

Residents had access to a small garden to the rear of the centre.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

**Findings:**

The centre had a risk management policy and emergency procedure in place, which reflected the needs of residents and the centre.

The centre's risk register was comprehensive in nature, outlining risks affecting both the welfare of residents and staff. The inspector reviewed incident and accident records and found these to be detailed and showed learning from incidents, which was then reflected in residents' personal plans and risk assessments. The inspector found that staff knowledge and risk assessments indicated the manual handling needs of residents, however staff training records showed that not all staff had received manual handling training.

The inspector found, for the most part, there were policies, procedures and systems in place to ensure effective fire safety management however improvements were required. The centre conducted regular simulated evacuation drills, although the inspector found that records did not indicate the number of residents or staff involved, and therefore records did not show that evacuations had occurred based on the centre's minimum staffing level.

Staff at the centre had received fire safety training, and the centre was equipped with suitable fire equipment which was regularly serviced and tested such as a fire alarm, emergency lighting and extinguishers. The centre did not have equipment in place such as fire doors and emergency lighting throughout to aid the evacuation of residents in the event of an emergency.

Fire exit signage along with evacuation procedures were displayed at key points in the centre indicating exit routes and assembly points. The inspector reviewed residents' personal emergency evacuation plans (PEEPs) which were reflective of individuals' needs.

**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

**Findings:**

The centre had policies in place which protected residents from possible abuse and provide personalised support in the management of behavioural needs.

The inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection. Residents appeared comfortable with staff and informed the inspector that they liked the staff and were happy with the support they received.

The centre had a policy and procedure in place to protect residents from abuse. Information was available in residents' accessible personal plans and in the centre on the provider's safeguarding policy and identifying the centres designated safeguarding officer. Staff expressed knowledge on what constitutes abuse and the actions they would take if they suspected abuse. Staff records showed that all staff at the centre had attended safeguarding of vulnerable adults training. Residents told the inspector that they felt safe at the centre and in the event of not being happy would feel comfortable to tell either the staff or the centre's manager.

Policies at the centre included the management of behaviours that challenged and the use of restrictive practices. The inspector reviewed behavioural support plans and found these to be in line with the centre's policy explaining both the behaviour the resident may engage in, reasons for the behaviour, and supports to be provided. Plans were reviewed regularly and reflected current interventions supporting residents. Staff were knowledgeable about the support needs of residents which was reflective of personal behaviour plans.

The inspector found that no restrictive practices were in operation at the centre. Where medication was required to assist in the management of behaviour, the inspector reviewed protocols which showed that medication was to be used as the last resort, after other actions such as distraction techniques had been used. Staff records showed that staff had accessed training in the positive management of behaviour, reflective of the needs of residents.

**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



**Findings:**

The centre ensured that residents were comprehensively supported to manage their healthcare needs.

The inspector reviewed residents' healthcare records and found that residents had access to a range of allied healthcare professionals including General Practitioners (GPs), specialist consultants and physiotherapists reflecting their individual health needs as identified in their personal plans. Residents accessed a general practitioner of their choice both at local medical surgeries or near their family home. Healthcare records showed where changes in healthcare support had occurred, and staff knowledge echoed current interventions in place.

The inspector reviewed epilepsy management plans which were reviewed regularly by residents' GPs including the administration of emergency epilepsy medication. Written protocols were in place for the administration of emergency epilepsy medication which clearly showed when medication should be given in the event of seizure along with calling for assistance from the emergency services. Staff knowledge was reflective of the protocols reviewed by the inspector.

The inspector found that residents' food and nutrition requirements were being met, and no resident required dietary support, apart from the encouragement to eat a varied and nutritious diet and general weight management.

The inspector did not observe meal times at the centre as part of the inspection, but was told by residents that they had a wide choice of foods including both healthy options and 'takeaways', which was reflected in food records reviewed. The inspector was told by staff and residents that they would be involved in the preparation of simple meals such as snacks, as well as assist in the food shopping for the centre, which was reflective of daily care records reviewed as part of the inspection.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Findings:**

The inspector found that the centre's medication policy and practices were being implemented by staff.

The inspector reviewed the centre's medication management arrangements which were in line with the provider's organisational policy. Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets also clearly showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident and medication was given in accordance with the prescribed times to the resident. Staff signed when they had administered medication in the administration records for each resident and a staff signature bank was maintained in the centre's medication file.

The inspector found protocols were in place for the administration of as required medication. For example, the inspector reviewed protocols for the administration of epilepsy and behavioural medication.

Medication was stored in a secure cabinet, however the inspector found that out of date or medication for disposal was not located separately from current medication.

The centre had not had any recent medication errors; however staff were able to tell the inspector what they would do in situations such as the misadministration of medication.

**Judgment:**  
Substantially Compliant

### **Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Findings:**  
The centre's statement of purpose was reflective of the service provided to residents, and in the main met the requirements of Schedule 1 of the regulations.

The statement of purpose described the designated centre as observed by the inspector, and included information on services and supports available to residents. Although a review of the statement of purpose found that information on the arrangements at the centre for the review and continued development of personal plans, did not include the frequency at which plans would be reviewed to ensure they met the needs of residents.

**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

**Findings:**

The inspector found that although the provider had a clear management structure in place at the centre which was both reflective of the statement of purpose and staff knowledge, this did not provide effective governance and management of the centre under the requirements of regulation.

The inspector was not able to meet with the person in charge as they were unavailable on the day of inspection. Staff informed the inspector that the person in charge was based at another designated centre, and although contactable would only visit the centre once a month which was reflective of visitor records held at the centre. The inspector found that although the person in charge was full-time, systems in place at the centre had not ensured the person in charge had sufficient oversight of the centre to ensure effective governance, management and administration. The inspector observed systems in place at the centre had not ensured that resident personal plans were reviewed annually and staff had access to training reflective of the residents' needs.

Staff received informal supervision, however this was of an unplanned nature, and no records were available for the inspector to review. Staff told the inspector that they would have no reservations in raising issues of concern to the person in charge, however the inspector found no evidence of forums to facilitate this such as team meetings chaired by the person in charge. Staff confirmed to the inspector that team meetings had not occurred at the centre.

Staff informed the inspector that the person in charge and provider representatives had visited the centre which was reflective of the centre's visitor records; however the outcome of visits were not available for review, including written reports following six-monthly unannounced visits to the centre.

Staff were unaware of an annual review of the quality and safety of care and support at the centre being conducted, and the inspector was unable to find documentation of a review being carried out.

**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

**Findings:**

Staff personnel records were not available for review at the centre on the day of inspection and therefore this aspect of the outcome was not examined as part of the inspection. The inspector found that staffing levels and training undertaken by staff was reflective of the needs of residents.

The centre had a planned and actual roster which reflected both the staffing compliment and the staff working at the service on the day of inspection. The inspector observed support given to residents with staff responding in a timely and respectful manner to residents' needs during the day. The inspector reviewed evidence of current registrations for nursing staff at the centre and found these to be up to date.

Staff training records showed that staff had access to mandatory training such as manual handling, fire safety, safeguarding of vulnerable adults, and had also received training on the specific needs of residents, for example behaviour management. The inspector found that staff had not all received training in the administration of emergency epilepsy medication. The inspector also found that staff had not received refresher training in line with the provider's organisational policy in fire safety and manual handling.

Staff were knowledgeable about the regulations and standards proportionate to their roles and responsibilities and informed the inspector of incidents such as a suspicions or allegations of abuse, and resident injury leading to hospital treatment. In addition senior staff at the centre were responsible for the completion of all notifications, including quarterly notifications, to the Health Information and Quality Authority (HIQA).

**Judgment:**

Non Compliant - Moderate

## 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:***

Stevan Orme  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002518
<b>Date of Inspection:</b>	19 July 2016
<b>Date of response:</b>	12 August 2016

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

Residents' personal plans were not reviewed annually.

#### **1. 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.

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

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

- The Person in Charge will ensure that an annual schedule for reviews is agreed.
- All annual reviews will be completed by the 10th of October 2016.

**Proposed Timescale:** 10/10/2016

**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 centre did not have suitable fire containment procedures in place.

**2. 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:**

- A Plan of works has been approved.
- Work to commence for Replacement of Fire doors and Emergency Lighting on 22/08/2016 and due is for completion on 28/08/2016.

**Proposed Timescale:** 28/08/2016

**Theme:** Effective Services

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

Fire evacuation records did not indicate residents involved, and that drills had been conducted using minimum staffing levels.

**3. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire evacuation records will indicate residents involved, and that drills had been conducted using minimum staffing levels.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

The centre did not have emergency lighting in place to facilitate evacuation in the event of a fire.

**4. Action Required:**

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

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

- A Plan of works has been approved to address Emergency Lighting.
- Work to commence for Replacement of Fire doors and Emergency Lighting on 22/08/2016 and due is for completion on 28/08/2016.

**Proposed Timescale:** 28/08/2016

## **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:**

Out of date or medication for disposal was not kept separate from current prescribed medication.

**5. Action Required:**

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Person In Charge will ensure out of date medication or medication for return to Pharmacy will be stored in a separate medicines box.

**Proposed Timescale:** 31/08/2016



### 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 did not include the frequency of personal plans reviews to ensure they met the needs of residents.

**6. Action Required:**

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

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

The statement of purpose will be amended to include the frequency of personal plans reviews to ensure they met the needs of residents.

**Proposed Timescale:** 31/08/2016

### 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:**

Systems in place at the centre did not ensure consistency of approach and effective monitoring of residents' needs.

**7. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A Plan for schedule visits by the Person In Charge will be agreed.  
Formal Staff Supervision will commence.  
Team Meetings will be planned and held on a regular basis.

**Proposed Timescale:** 31/08/2016

**Theme:** Leadership, Governance and Management

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

Unannounced six-monthly visits had not occurred at the centre.

**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 Provider Nominee has a plan in place to carry out unannounced visits every six months.

A Written report on the safety and quality of care and support will be provided and a plan to address any concerns regarding the standard of care and support will be agreed.

**Proposed Timescale:** 31/08/2016

**Theme:** Leadership, Governance and Management

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

An annual review of the quality of care and support at the centre had not been undertaken.

**9. 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 a plan to ensure there is an annual review of the quality and safety of care and support in the designated centre, in accordance with standards.

**Proposed Timescale:** 31/08/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

All staff had not received training on the administration of emergency epilepsy medication.

Staff had not received refresher training in fire safety and manual handling in line with the provider's organisational policies.

**10. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in charge will ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

X1 Staff for Emergency Med training August 18th 2016 (completed).

X4 Staff for Manual Handling Training by August 31st 2016

X1 Staff for Fire Training on August 15th 2016 (completed).

**Proposed Timescale:** 31/08/2016