Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Dungloe Services
Centre ID:	OSV-0003331
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
04 April 2017 08:40	04 April 2017 19:10

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
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 Standards).

How we gathered our evidence:
During the inspection, the inspector spent time with eight residents living at the centre and met with four staff member as well as the person in charge. In addition, the inspector reviewed documents such as personal plans, risk assessments, safeguarding plans, behaviour support plans, policies and procedures and staff personnel files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations. The inspector found that the service was being provided as described, although the layout of House 1 did not met the residents' assessed needs and the requirements of Schedule 6 of the regulations. The centre comprised of two houses. House 1 was a four bedded bungalow close to a nearby town with access to local shops and amenities. House 2 was a four bedded two storey house located on the outskirts of the same local town, and due to its location required a vehicle to access local amenities. The centre was part of services provided by the Health Service Executive (HSE) in Donegal and provided both full and part-time residential services to adults with a disability.

Overall Findings:
The inspector found some of the actions from the previous inspection on the 21 and 22 September 2016 such as management of complaints and increased facilities for privacy and storage in residents' bedrooms had been addressed. However, actions such as the installation of fire doors, the premise’s suitability to met resident's needs and staff supervision had not been completed and continued to impact on the delivery of care and support at the centre.

The inspector found that the design of House 1 did not meet both residents' needs and the requirements of Schedule 6 of the regulations. In addition, fire safety arrangements in place in House 1 had not ensured that fire exit signage and bedroom fire doors were in place and that all residents had participated in a fire evacuation drill. Furthermore, the inspector found that although staff knowledge reflected residents' personal plans and agreed interventions, staff had not all received up-to-date training in areas such as positive behaviour management.

As part of the inspection, the inspector met with residents both individually and as a group. Residents told the inspector that they enjoyed living at the centre and were supported by staff to do a range of activities in-line with their personal preferences and goals. Residents in House 2 were eager to show the inspector their bedrooms which were decorated to reflect their interests. Residents also told the inspector that if they were unhappy with the support they received they would tell both staff and the person in charge. Where residents were unable to tell the inspector about the quality of support they received, the inspector observed that they appeared happy and relaxed with support received from staff.

Summary of regulatory compliance:

The centre was inspected against six outcomes. The inspector found major non-compliance in two outcomes relating to fire safety and risk management arrangements and the suitability of House 1 to met residents' needs. Moderate non-compliance was found in four outcomes relating to residents' personal plans, staff training, governance and management arrangements and staff records. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end 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:
The inspector found that although residents' personal plans reflected their assessed needs, they were not all reviewed annually.

The inspector reviewed a sample of residents' personal plans which were comprehensive in nature and included information on areas such as communication needs, behaviours of concern, sexuality and healthcare. The inspector found that although personal plans reflected residents' needs, not all had been subject to an annual review.

In addition, the inspector found that personal plans were not available to residents in an accessible format which reflected their needs. The inspector found that staff knowledge and observed practices on the day of inspection reflected residents' personal plans.

Where personal plans had been subject to an annual reviews, meeting minutes showed that reviews were attended by the resident, their representatives, centre staff and multi-disciplinary professionals such as psychiatrists and social workers. However, the inspector found that annual review meetings did not assess the effectiveness of the plan in meeting all of the residents' assessed needs, centring in some cases on only healthcare and positive behaviour management interventions.

The inspector found that residents' personal goals reflected their personal preferences and goal planning records included agreed supports such as named staff and the expected timeframes for achievement. The inspector examined residents' daily progress and activity records and found that they reflected residents' personal plans and goals.

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

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

Findings:
The inspector found that House 1 did not met residents' assessed needs and the requirements of Schedule 6 of the regulations. Furthermore, although previous inspection findings relating to residents' privacy and bedroom storage had been addressed, other findings which related to the physical condition of the centre's premises remained outstanding.

The centre comprised of two houses close to a rural town in Donegal. House 1 comprised of three bedrooms and provided full and part-time support to five residents, and was located in a rural town with access to local shops and amenities. House 2 comprised of four bedrooms and was located on the outskirts of the same rural town as House 1.

The inspector found that following the previous inspection, privacy screening had been installed in residents' shared bedrooms and additional bedroom wardrobes had been purchased. However, the size and layout of residents' shared bedrooms continued to not meet residents' assessed needs in relation to space and privacy. For example, in one shared bedroom, residents still shared bedroom wardrobes and draw units.

The inspector found that one resident who had their own bedroom, also had access to an ensuite shower and toilet. However, they were unable to access this facility or the centre's communal bathroom, due to mobility difficulties. Staff told the inspector that due to the resident's needs and unsuitability of the communal bathroom, the resident was supported to have a shower at their day service twice a week. This arrangement was confirmed by the person in charge.

Following the centre's previous inspection, the inspector observed that the condition of the uneven driveway in House 2 had not been addressed. Furthermore, the inspector observed that the driveway in House 1 was in a poor state of repair and presented a risk

to residents with visual impairments and mobility difficulties.

Judgment:
Non Compliant - Major

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

Findings:
The inspector found that improvements were required in relation to fire safety and risk management arrangements at the centre. In addition, actions to address the findings of the previous inspection were still outstanding.

The centre was equipped with fire safety equipment including fire extinguishers, fire alarms, fire call points, smoke detectors, fire doors and emergency lighting, which records showed were regularly serviced by an external contractor. However, fire doors had not been installed in residents' bedrooms in House 1 as agreed in response to the previous inspection findings. In addition, the inspector observed that no fire exit signage was in place at House 1.

Both House 1 and 2 conducted regular simulated fire evacuation drill using minimal staffing. However, fire drill records in House 1, did not evidence whether a part-time resident at the centre had participated in a drill.

The inspector found that risk assessments on the centre's premise, practices and residents' needs were up-to-date, regularly reviewed and reflected staff knowledge. However, the safety statements for both House 1 and 2 were out-of-date and had not been reviewed since 2015.

The inspector observed that hand hygiene information was displayed in the centre's kitchens and bathrooms, along with hand santisers and segregated waste disposal facilities. However, training records showed that not all staff had received up-to-date hand hygiene training.

The inspector further reviewed training records and found that all staff had received up-to-date manual handling and fire safety training in-line with the provider's policy.

The centre's fire evacuation plan was prominently displayed throughout the centre as well as an accessible version for residents being available. Residents' 'Personal

Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff and residents' knowledge.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Practices at the centre ensured that residents were safeguarded from harm and supported to manage behaviours of concern. However, behaviour support plans did not demonstrate the involvement of a behavioural specialist and staff had not received behaviour management training

The inspector reviewed resident's behaviour support plans which were up-to-date, regularly reviewed and included both proactive and reactive support strategies. Although behaviour plans reflected observed practices and staff knowledge, they did not indicate whether they had been developed or reviewed by a behavioural specialist. Furthermore, the inspector reviewed training records and found that staff at the centre had not received positive behaviour management training.

The inspector reviewed residents' safeguarding plans which related to peer-to-peer incidents and behaviours of concerns. Documents reviewed included preliminary screening documents and agreed safeguarding plans. Plans were robust in nature and included actions such as increased staffing levels and access to multi-disciplinary supports such as psychiatrists and social workers. The inspector found that safeguarding plans were regularly reviewed and reflected staff practices and knowledge.

Staff knowledge was in-line with the provider's policies and staff were able to tell the inspector what might constitute abuse and the actions they would take if suspected. In addition, training records showed that all staff had attended 'safeguarding of vulnerable adults' training. Furthermore, information on the centre's safeguarding of vulnerable adults policy including photographs of the named designated safeguarding officers for both adults and children were prominently displayed at the centre.

Judgment:
Non Compliant - Moderate

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 found that the centre's governance arrangements had not addressed both the findings of the previous inspection and the provider's own internal quality assurance actions.

The inspector reviewed audit systems in place at the centre which included fire safety, incidents and accidents, financial audits, personal plans and staff files. The inspector found that although audits were comprehensive in nature, not all audits such as fire safety checks had been completed in-line with the provider's policies.

Furthermore, governance arrangements at the centre had not ensured that the previous inspection's findings had been addressed such as fire doors, access to computer systems and signing of residents' written agreements by all parties.

The inspector reviewed the centre's internal quality improvement plan and found that actions such as external maintenance works, fire doors and staff files had not been addressed in-line with agreed timeframes.

The provider had completed six monthly unannounced visits to the centre and copies of the visits' reports were available, however actions had been not been addressed in-line with set deadlines.

For example outstanding actions from the centre's unannounced provider visits included;

- signing of residents' written agreements by all parties
- installation of fire exit signage in House 1
- completion of weekly fire safety checks

- access to computer systems in both House 1 and 2
- review of Behaviour support plan by behaviour support team

The management structure reflected the centre's statement of purpose and staff knowledge. The person in charge was full-time and had responsibility for a further designated centre in the same town. The person in charge was a qualified intellectual disability nurse with many years experience in working with adults with disabilities. Staff told the inspector, that the person in charge was based at the neighbouring designated centre, but was present at the centre frequently and facilitated regular team meetings as shown in meeting minutes reviewed by the inspector. Staff also told the inspector that the person in charge was easily contactable by telephone as and when required.

Staff told the inspector that they found the person in charge to be approachable and they would not have any reservations in raising a concern about the care and support provided at the centre. However, formal supervision arrangements were not in place at the centre as agreed in response to the previous inspection's findings. Staff told the inspector that they had received information on proposed 'personal development plans', but they had not commenced.

The inspector found that an up-to-date annual review on the care and support provided at the centre had been completed and was available on the day of inspection.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the centre's staffing arrangements reflected residents' assessed needs, however staff personnel records did not met all of the requirements of Schedule 2 of the regulations.

The inspector found that the centre had both a planned and actual roster which was reflected on the day of inspection. The inspector reviewed documentation such as residents' daily progress notes and activity records which showed that residents were

supported to achieve their personal goals and assessed needs. In addition, rosters reflected discussions with both the person in charge and staff that rosters were under regular review and adjusted to accommodate the changing needs of residents such as semi-retirement and agreed safeguarding interventions.

The inspector reviewed a sample of four staff personnel files and found that they did not contain all documents required under Schedule 2 of the regulations including;

- Employment Histories
- Proof of garda vetting
- Employment references
- Copies of birth certificates
- Employment contracts
- Copies of qualifications

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[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003331
Date of Inspection:	04 April 2017
Date of response:	02 May 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Annual reviews did not assess the effectiveness of personal plan to meet all of the resident's assessed needs.

1. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Person in charge will ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments. The annual review template will be used for all future reviews. The Person in Charge has made all staff aware of same.

Proposed Timescale: 31/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not available to residents in an accessible format.

2. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that residents' personal plans are made available in an accessible format for the resident and where appropriate their representatives. Work has commenced on personal plans using pictures and audio formats.

Proposed Timescale: 31/05/2017

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 all subject to an annual review.

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

Please state the actions you have taken or are planning to take:
The person in Charge will ensure that residents personal plans are reviewed annually or more frequently if there is a change in circumstances. Two annual reviews have been completed since Inspection date and a schedule is in place for the remaining reviews.

Proposed Timescale: 31/05/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of House 1 did not meet residents' assessed needs and the requirements of Schedule 6 under the regulations.

4. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
1. The person in Charge and the Person participating in Management are continually attempting to source appropriate accommodation to meet the assessed needs of the residents in the designated centre, suitable buildings will be identified and details forwarded to property management. An assessment of the building will be required and a plan of essential works may be required. Following completion of essential works an application will be made to register the building. When approved, Transition Planning will commence with Residents.
2. Concurrent with this process there is a project underway for the development of three purpose built homes in the area to facilitate the residents assessed needs. This project is expected to be completed by 2018 end.

Proposed Timescale: Action 1: February 28th 2018 Action 2: Dec 31st 2018

Proposed Timescale: 31/12/2018

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The driveways in both House 1 and 2 were not in a good state of repair.

5. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Agreed work for the driveways of both houses will be completed

Proposed Timescale: 15/07/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safety statements for both House 1 and 2 were out-of-date.

6. 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 Person in charge has reviewed and updated the Safety statements for both houses and these are now in place. All staff have been made aware of same by the Person in Charge.

Proposed Timescale: Completed April 11th 2017

Proposed Timescale: 11/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff at the centre had received hand hygiene training.

7. 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:
The Person in charge will ensure that all staff has up to date Hand Hygiene Training.

Proposed Timescale: 31/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drill records showed that not all residents in House 1 had participated in a simulated evacuation.

8. 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:
All residents have participated in a simulated evacuation on April 8th 2017

Proposed Timescale: April 8th 2017 completed

Proposed Timescale: 08/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors had not been fitted to residents' bedrooms in House 1.

9. 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:
Fire Doors will be fitted to residents bedrooms in House 1

Proposed Timescale: 31/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No Fire Exit signage was present in House 1.

10. 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:
Fire Exit signage will be in place in House 1.
Temporary signage has been put in place in the interim to address the risk.

Proposed Timescale: 31/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not received positive behaviour management training.

11. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that all staff receives training in positive behaviour management training.

Proposed Timescale: 31/05/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Behaviour support plans did not show whether they had been developed or approved by a behavioural specialist.

12. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that Positive Behaviour Support plans demonstrate that they have been developed or approved by a behavioural specialist.

Proposed Timescale: 31/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured the findings of the previous inspection and their own internal audits were addressed within set deadlines.

13. 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 Person in Charge will ensure that the actions from the previous inspection and the

Internal audit report will be completed.

Proposed Timescale: 31/05/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Formal staff supervision arrangements were not in place.

14. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that all staff have receive formal staff supervision via Personal development Planning. To date three have been completed and the person in charge has a plan in place to ensure all will be completed.

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff personnel files did not contain all documents required under Schedule 2 of the regulations.

15. 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:
The Person in Charge will ensure that Staff personnel files contain all documentation required under Schedule 2 of the regulations.

Proposed Timescale: 31/05/2017