| Centre name: | A designated centre for people with disabilities operated by Praxis Care |
| Centre ID: | OSV-0001912 |
| Centre county: | Cavan |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Praxis Care |
| Provider Nominee: | Irene Sloan Ringland |
| Lead inspector: | Ciara McShane |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 3 |
| Number of vacancies on the date of inspection: | 1 |
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 May 2015 09:00  
To: 20 May 2015 18:00

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

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**Summary of findings from this inspection**

This was the designated centre's first inspection as a stand alone centre. It had previously been inspected as part of another designated centre which was subsequently reconfigured. The inspection was announced, completed over one day by one inspector with the purpose of registering the designated centre. Both male and female adults resided at the centre. Residents who had an intellectual disability were supported in the service, some of whom experienced secondary conditions such as sensory impairments.

The inspector found aspects of good practice in the centre. All residents attended a day service and participated in activities both in and outside of the centre. Residents
were supported by staff to maintain links with family and friends, with some residents visiting family members weekly.

The premises were homely and for the most part met the needs of the resident. Some maintenance issues were identified during the inspection which had already been highlighted to senior management by the person in charge.

Health and safety and risk management procedures were in place, however improvements were required as outlined in outcome 7. The centre had firefighting equipment such as fire extinguishers however staff were not trained in using them. The centre had a number of smoke detectors but the inspector was not assured that staff or residents would be appropriately alerted should a smoke detector activate in one part of the centre as it was not connected system to a central system.

Each resident had a personal plan completed with an assessment of needs and associated risk assessments. Improvements were required regarding personal plans to ensure that care plans, which were developed to meet the needs of residents, were comprehensive and robust. The inspectors found from a review of a sample personal plan, that care plans were not sufficiently detailed to guide staff in supporting residents. This is further discussed in Outcome 5. Residents told the inspector that staff were good to them and they enjoyed living in the centre.

Arrangements were in place to govern and manage the centre however improvements as outlined in Outcome 14 were required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (children and adults) with Disabilities) Regulations 2013. For example there was no annual review of quality and safety of care completed or available in the centre. These actions along with additional findings of the inspection are discussed in the body of the report and the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that systems were in place to ensure resident’s rights, privacy and dignity were protected.

Staff were seen engaging with residents in a manner which was respectful and inclusive of the resident. Staff acknowledged that the centre was the resident's home and that efforts had been recently made to enhance the centre's homeliness. The inspector saw that resident’s bedrooms were reflective of their lives with photographs of their family members and friends in addition to items of their interest displayed on the walls. Photographs and artwork which were completed by residents were displayed throughout the house such as the kitchen and the lounge room. Each resident also had their own bedroom. Residents told the inspector they enjoyed helping to keep their house clean.

Residents were assisted and encouraged to make choices regarding the running of the centre as reflected in the minutes of house meetings. Residents choose their meals and where possible assisted the staff to complete the grocery shop.

The centre had a complaints log and a complaints policy. The complaints policy, which was reviewed May 2015, was found to be in compliance with Regulation 34. An appeals process was outlined, in addition to contact details for advocacy services which were outlined. An accessible version of the policy was displayed in a prominent position in the kitchen and residents spoken with told the inspector they would make a complaint to the staff if they needed to. The centre at the time of inspection had no complaints logged however there were records of a number of compliments detailed.

Judgment:
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The centre had a policy on Communication with Service Users. This had been developed March 2015. The policy outlined at a high level the importance of assessing communication needs in addition to the possible need for communication tools.

The inspector found that systems were in place to support residents with their communication needs. The staff used photographs to assist residents in making decisions regarding preferred activities and preferred meals. Staff spoken with told the inspector this worked well for residents and assisted them in decision making.

Residents had communication plans within their personal plans which detailed their preferred method of communication and areas of communication that they may require assistance.

Residents had access to television and radio. Residents were also frequently supported by staff to purchase magazines and newspapers of their choice.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents were supported by staff to maintain relationships with their family and links with their local community.
Residents spoken with told the inspectors they frequently went home for the weekend to visit and stay with family. Other residents received visits from their family members on a very regular basis, the inspector was told. Resident's personal plans reviewed confirmed communication between staff at the centre and their family members providing updates where required and/or inviting them to review meetings. There was a space for residents, separate to their bedrooms; to meet their family members in private should they wish.

Residents also had links with their local community and availed of facilities such as the local grocers, hairdresser, coffee shops and restaurants. Residents were also linked in with their local church as per their wishes. The residents frequently visited the local sporting grounds to use the facilities there and also availed of the local resource centre for activities such as discos. Residents were also familiar with some of their neighbours.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The centre had policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents. These policies were adhered to in practice as reflected in documentation seen in resident's personal plans.

Residents prior to their admission to the centre completed an application form. This was subsequently reviewed by a dedicated team to review the possible admissions. Residents had the opportunity to visit the service prior to moving in. Documentation reflecting these steps, prior to admission, was viewed by the inspector in resident's personal plans.

Residents had a number of contracts and service agreements on file. These related to tenancy agreements between residents and the housing association with whom they rented from as well as agreements and contracts with the service provider. The contracts with the service provider outlined the terms of their domiciliary care and transport arrangements. A bills agreement and a support agreement were also in place. Although residents had a signed copy of each of the above on file they were found to be cumbersome and it was not entirely clear what residents were receiving in return for their contributions in addition to what the service provider had committed to providing. These documents required a review to ensure they were explicitly clear to residents and where necessary their representatives so that service provision was clear and transparent.
Judgment:
Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector reviewed a sample of resident's personal plans. Each resident, on admission to the centre, had a comprehensive assessment of needs with plans of care developed in addition to risk assessments completed where required. For the most part reviews were at a minimum annually or where circumstances had changed. The centre had a robust daily report system that was linked to personal plans and found to be meaningful. The monthly reviews were also found to be informative and robust.

Improvements were required with regards to resident's care plans to ensure they were sufficiently detailed to address specific needs and provide clear guidance to staff. For example a care plan identified needs such as epilepsy, oedema and hypertension. However, the detail in the care plan was not linked to the specific needs. Individual care plans were required for specific needs to ensure they were consistently supported to meet this need. The detail in plans required further clarification. For example in a support plan for a resident, it outlined the need for staff to identify triggers to manage behaviour using de-escalation and distraction techniques. However, the plan failed to outline what the de-escalation or distraction techniques to be used by staff were.

Care plans did not at all times outline all relevant information pertinent to the resident. For example the inspector read a plan regarding keeping the resident safe. It failed to outline the resident's tendency to not leave the centre when the fire bell sounded.

Resident's preferences for social outings and activities were outlined. The inspector saw from a review of daily notes and other documentation that residents participated in these activities. However due to staffing, the activities were often group based and at times did not occur due to the preferences of one resident. This is further detailed in Outcome 16.

**Judgment:**
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):
This was the centre's first inspection by the Authority.

Findings:
The centre was situated near a main town in a housing estate. The centre was a two story building with five bedrooms, three of which were being used by residents, one as a staff sleepover room and the fifth was vacant at the time of inspection. There were two bathrooms upstairs and a third on the ground floor. There were also two lounge rooms, a kitchen and dining room. The outside of the centre was decorated with an array of flowers and plants and was complete with benches for residents to avail of. The back of the house was not readily utilised by residents as there was a steep slope which prohibited use.

The centre for the most part was homely and maintained to a satisfactory standard. A number of areas were highlighted for improvement:

- Paintwork required refreshing in a number of areas.
- There was a damp patch on the kitchen ceiling from a previous leak from the bathroom above.
- Two tiles in the utility room had come away from the wall.
- Two tiles in one of the bathrooms were cracked.
- One bathroom was out of use due to problems with the hot tap.

The inspector found that the requirements of Schedule 6 were met for example suitable lighting and ventilation was in place. A resident with sensory needs resided at the centre and had requirements for surfaces to be adapted to ensure they could navigate down the stairs in all eventualities. The person in charge had made links with an external stakeholder regarding such aids. At the time of inspection these were not in place.

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):
This was the centre’s first inspection by the Authority.

Findings:
The centre had policies and procedures in place to address health and safety and risk management.

The inspector reviewed the Risk Management policy in conjunction with the centre’s Risk Assessment and Management policy. The centre had a risk register in place which had recently been reviewed February 2015. The inspector found that clinical and non-clinical risks had been identified with appropriate measures put in place to mitigate the risks. However not all risks had been identified to ensure the risk register was centre specific. For example the locked side gate which would be problematic in the event of a fire had not been outlined.

Residents had specific risk assessments completed for their individual needs which were maintained in their personal plans. However not all risks had been identified for all residents. For example a resident with sensory impairments did not have a comprehensiveness risk assessment completed on the associated risks.

Systems were in place to protect residents from fire. The centre had fire extinguishers which had recently been serviced and a fire blanket was also placed in the kitchen. The centre had smoke detectors placed throughout the centre however they were not connected to a centralised system. Therefore if the smoke alarm in the kitchen was activated staff or residents, who were in another area of the centre, would not necessarily hear the alarm. The person in charge was aware of this deficit and they were at the early stages of enquiring as to how it could be rectified.

Fire drills occurred frequently at the centre. The inspector noted that one resident often refused to leave the premises during a fire drill. It was unclear how this was being addressed to ensure safe evacuation for all residents.

Each resident had a personal emergency evacuation plan (PEEPs) in place. Although the PEEP’s were detailed and informative the purpose of the document is such that it can be reviewed quickly at a high level in the instance of an emergency. The document used in the centre did not lend itself to this due to the amount of complex detail. The document also failed to identify the resident’s communication ability and preferences or if they required assistive aids.

A resident, whom had a sensory impairment required additional support to guide them downstairs, in particular, in the event of a fire. At the time of inspection there were no adaptive devices to guide the resident in place however this was being sourced by an external agency that were supporting the resident.

Door wedges were in use at the centre both on the ground floor and the first floor making the fire doors redundant in the event of a fire. Staff had up-to-date training in fire safety however the training did not encompass the practical element of using a fire
extinguisher. Staff spoken with by the inspector confirmed they were unable to use the extinguishers. This required an immediate review to ensure all staff were capable of using fire fighting equipment.

The centre had an emergency plan and contingencies identified in addition to an alternate location identified should accommodation be required due to incidents such as flooding. A formal on-call system was in place should staff require out of hours support. The provider had conducted a health and safety audit in February 2015; the inspector reviewed the output of this which had identified areas for improvement.

An incident and accident log was in place. The inspector found, from a review, that residents at the house had behaviours that challenge. An action had been identified to provide staff with training regarding behaviours that challenged. However, at the time of inspection this had not been sourced. This is further outlined in Outcome 17. Staff working at the centre did have training in the management of aggression and violence.

**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):
This was the centre’s first inspection by the Authority.

### Findings:
The inspector found systems were in place to safeguard residents and protect them from abuse. All staff at the centre, within the exception of one, had up-to-date training in safeguarding vulnerable adults. This is further outlined in Outcome 17. Staff spoken with were knowledgeable regarding the types and indicators of abuse and who they should report to should they witness or suspect abuse. Residents spoken with by the inspector said they felt safe. The centre had a policy to safeguard vulnerable residents and a senior person had been nominated and identified as the designated officer whom staff spoken with were also aware of.

The centre had policies on restrictive practices. There was also a restraint log in place to highlight the use of chemical restraint and an environmental restraint. Both types of restraints were risk assessed and appropriately used and correlated with the resident's needs as outlined in their personal plans.
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**Outcome 09: Notification of Incidents**  
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
Notifications have been received by the Authority. However, at the time of inspection the inspector found evidence of a notification, required by Regulations, to be notified to the Authority which was not submitted. The inspector acknowledges that this was dealt with by the person in charge however they failed to provide the appropriate notification.

**Judgment:**  
Non Compliant - Major

| Outcome 10. General Welfare and Development  
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.* |
| Theme:  
Health and Development |

| Outstanding requirement(s) from previous inspection(s):  
This was the centre’s first inspection by the Authority. |
| Findings:  
The inspector found that residents had opportunities for social participation, education and training. Each resident attended a day service and were facilitated by staff to attend. It was evidenced that residents participated in social activities both internal and external to the centre. Residents attended concerts, shows, restaurants and coffee shops. Within the centre residents completed arts and crafts, baking, assisted with making meals and frequently enjoyed listening to music and dancing. |

**Judgment:**  
Compliant

| Outcome 11. Healthcare Needs  
*Residents are supported on an individual basis to achieve and enjoy the best possible* |
**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
From a review of resident's personal plans it was evident that residents had timely access to general practitioners. Residents health-care needs, for the most part, were highlighted in their personal plans and care plans developed to meet these needs. This is further outlined in Outcome 5. There was evidence that residents had input from allied health professionals such as dietician and speech and language therapy. Residents where required were also linked in with psychology and psychiatry.

There was evidence to show previously, appointments such as neurology, had not been attended by residents? However, the person in charge has put systems in place ensuring that residents attend all appointments and are supported to do so.

Referrals are in place for allied health professionals and for the most part are completed by the general practitioners. An appointment log is maintained within each resident's personal plan. There was evidence that residents routinely had access to their general practitioner and other services such as dentist and chiropody when required.

Food was readily available at the designated centre. There was fresh food including meat, fruit and vegetables in the fridge and the presses were adequately stocked. On the evening of inspection staff had made a home cooked meal for residents. Food was found to be nutritious and quantities available were sufficient.

**Judgment:**
Compliant

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that resident's were protected by the centre's policies and procedures for medication management.
The centre had written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Staff were familiar with these procedures. Medications were securely stored in a locked medication cabinet with the staff on duty having sole access to the key. At the time of inspection the centre had no control drugs. The medication administration record sheets and prescription sheets met the requirements of the Regulations. Staff administering medication had training to do so which was up-to-date. There was a system of disposing and handling out-of-date or unused medication. Staff were aware of this and showed the inspector records where unused medications had been returned to the pharmacy.

The inspector observed staff administer medication. Improvements were required to ensure that the medication administration record was signed once medication had been taken by residents as opposed to before the resident had taken the 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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector reviewed the centres statement of purpose which was submitted as part of the application to register. The inspector found the statement of purpose adequately described the service being provided and was reflective of the service received by residents.

For the most part the statement of purpose met the requirements of Schedule One. However, the document failed to outline in detail the description of the rooms in the designated centre including their size and primary function.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and
Responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Systems were found to be in place to oversee aspects of the care provided to residents and the service they received.

The person in charge has been in post at the centre for four months. She has worked for the provider for thirteen years. Her post is full time and she is based at the centre. The person in charge does not, at present, hold a qualification in health and social care management as required by the Regulations. The person in charge was familiar with the Regulations and knew the needs of the residents. She facilitated supervision with staff as evidenced in staff files. The person in charge is supported by an Assistant Director of Care whom attended feedback at the centre on the day of inspection.

Audits occurred at the centre. The inspector saw evidence of medication audits, health and safety inspections and financial audits. There was also evidence of monthly unannounced visits completed by a person nominated by the provider in addition to a pre-registration audit that had been completed in April 2015. Although audits identified deficits it was unclear how these informed learning for the centre ensuring improvement was achieved.

The inspector found that staff meetings occurred frequently, there was a set agenda and actions had been identified and recorded and then discussed at the following meeting. The person in charge also attended monthly meetings for managers, the most recent was held April 2015. The person in charge also told the inspector that an annual quality conference was held for all managers. The provider also conducted service users surveys and staff surveys however these were completed nationally and not per designated centre.

The centre did not have an annual review of quality and safety of care nor did they complete a six monthly unannounced visit and produce the subsequent report. The provider also failed to provide planning compliance, as part of their application to register, as required by the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

**Judgment:**
Non Compliant - Major

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<th>Outcome 15: Absence of the person in charge</th>
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<td>The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.</td>
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**Theme:**
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The provider was aware of their responsibility to notify the Authority should the person in charge be absent for a period of 28 days or more. The centre had a 'buddy management' system with another service of the same provider. The inspector found these arrangements to be adequate.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The centre was staffed with three support staff who worked the whole time equivalent of 2.3. The person in charge was full time and predominantly worked Monday to Friday 09.00 - 17.00 hours but would at times work outside these hours to cover various types of leave.

The inspector was not assured that staffing levels, at all times, were sufficient to ensure all resident's needs were met in particular those related to social outings and ensuring religious preferences such as attending mass were met. The inspector was told, and read in documentation, of occasions when residents were unable to fulfil these events as another resident may wish not to go therefore all could not go. This required a review to ensure residents did not experience negative outcomes due to insufficient staffing levels.

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:
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<th><strong>Responsive Workforce</strong></th>
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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that appropriately skilled staff were employed at the centre and were supported to attend training as required. For the most part staff had training which was up-to-date. Three staff had expired manual and handling training. Staff were also identified as requiring training on behaviours that challenge but this had not yet been scheduled.

Staff received regular supervision and annual appraisals. For those staff that were new to the service they attended regular probationary meetings. Staff spoken with were knowledgeable regarding the policies and procedures specific to the centre and knew residents well. There was an actual and planned rota available in the centre which was kept up-to-date by the person in charge.

The inspector reviewed a sample of staff files, not all were in compliance with the requirements of Schedule 2 for example one file reviewed did not have a full employment history outlined.

At the time of inspection there were no volunteers at the centre.

**Judgment:**
Substantially Compliant

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<th><strong>Outcome 18: Records and documentation</strong></th>
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The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found the records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained to ensure completeness, accuracy and ease of retrieval. Records were kept secured. The centre provided the Authority with evidence of appropriate insurance against accidents or injury to residents, staff and
visitors. The designated centre had evidence of all written operational policies as required by Schedule 5 of the Regulations in addition to evidence of when policies had been reviewed or amended. A resident’s guide was also found to be in place.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001912</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>20 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 July 2015</td>
</tr>
</tbody>
</table>

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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The multiple service agreements required review to ensure that the service provided to residents were outlined clearly and the relevant fees also identified.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for 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.
provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
A review has commenced to ensure that all residents agreements are user friendly, clear and transparent with a clear breakdown of the roles and responsibilities of the various agencies involved and presented to each resident in a format that he/she understand.

Proposed Timescale: 31/07/2015

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:
Care plans were not at all times reflective or developed to meet the specific needs and supports required by residents or to guide staff in supporting residents to meet these needs.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
A review of the areas identified as part of this inspection has commenced. Going forward care plans will be reflective and/or implemented to meet the specific needs and supports required to guide staff with supporting residents. Where updates to the care plan are made as a result of a specific need, these will be tracked on an update sheet.

Proposed Timescale: 31/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas for improvements were identified in the centre:

- There was a damp patch on the kitchen ceiling from a previous leak from the bathroom above.
- Two tiles in the utility room had come away from the wall.
- Two tiles in one of the bathrooms were cracked.
- One bathroom was out of use due to problems with the hot tap.
**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:**
The areas highlighted from this inspection have been shared with the Housing Association and an action plan of works has been completed. Progress will be reviewed in July to ensure there is no slippage on the timescale and measures are in place to complete the works if the Housing Association fails to do so. The agreed timescale for this works to be completed is 31st August 2015.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Paintwork required refreshing in in a number of areas for example the hall, stairs and landing.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
The areas highlighted from this inspection have been shared with the Housing Association and an action plan of works has been completed. A meeting is scheduled to be held with the Housing Association in July for an update on the review of the action plan to ensure there is no projected failure of the works to be completed is 31st August 2015. Measures are in place to complete the works if the Housing Association fails to meet the target date.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required to the premises to ensure it met the needs of all residents for example those who had additional sensory requirements.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has been in contact with an external agency that has made recommendations in relation to aids that would help with navigating down the stairs. The Person in Charge is liaising with the Housing Association to discuss the adaptations.
and these works will be completed by 31st July 2015.

**Proposed Timescale:** 31/07/2015

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Although there was a risk register in place and individual risk assessments were completed for residents. Improvements were required as outlined in the body of the report.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Risk register and residents individual risks assessments are currently under review and will be completed by 31st July 2015.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/07/2015</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Door wedges were in use throughout the centre.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All door wedges have now been removed and the issue is scheduled to be discussed at residents meeting in 17th July. The Person in Charge is to contact the local fire officer and discuss the provision of a fire safety talk to residents. At the staff meeting on the 8th July the Person in Charge will discuss with all staff the potential hazards of having fire door propped open and discuss the regulation 28 – fire precautions. The Person in Charge will monitor this and discuss this also during staff members’ supervisions.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 07/07/2015</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The smoke alarm system was inadequate in warning staff and residents of a fire.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
</tbody>
</table>
Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**
The areas highlighted from this inspection have been shared with the Housing Association and an action plan of works has been completed to have the smoke detectors connected to a centralised system. A meeting is scheduled to be held with the Housing Association in July for an update on the review of the action plan to ensure there is no projected failure of the works that have been agreed to be completed. The agreed timescale for this works is 31st August 2015. Measures are in place to complete the works if the Housing Association fails to do so.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The side gate of the centre was locked from the outside and therefore a risk in the event of a fire, compromising residents and staff's safe egress.

**Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
The lock has been removed from the side gate leaving just a bolt which can be opened to gain access to the front of the house via the side gate.

**Proposed Timescale:** 07/07/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although staff had some training in fire safety, they did not have specific training in the use of fire extinguishers.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
All staff undergoes fire safety ‘e-learning’. This identifies the various types of fire extinguisher, their specific uses in relation to various 'classes'of fire, and how each category of equipment should be used in order to effectively extinguish a fire. The organisation has identified a DVD presentation on how to use fire fighting equipment, which includes specific simulated scenarios. This will be used in conjunction with the
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although fire drills occurred regularly at the centre, from a review of the fire drill record the inspector was not assured that all residents would leave the building in the event of a fire or that a system had been put in place to guide staff in ensuring that they would exit the building.

The personal emergency evacuation plans, as outlined in the body of the report, required review.

Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
A further fire drill is scheduled to be completed by 13th July, so the Person in Charge can assess/identify any problematic areas. From this the risk assessments, care plans Personal Emergency Evacuation Plan (PEEP) and the grab sheets will be amended to reflect non-compliances for eg the personal emergency evacuation plans have already been reviewed and now include grab sheets.

Proposed Timescale: 13th July 2015 & completed

### Outcome 09: Notification of Incidents

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to notify the Authority of a recent allegation.

Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
The recent allegation notification has been forwarded on. All Untoward events form part of the monthly supervision and will be discussed and reviewed during this time. The Person in Charge will discuss this with staff at the staff meeting in July highlighting the importance of reporting and recording any allegation or suspected or confirmed abuse of any resident. All untoward incidents are monitored by the Assistant Director on a monthly basis and processes are also internally audited to avoid reporting
omissions and ensure appropriate action.

Proposed Timescale: Completed & 31st July 2015

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/07/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
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</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to notify the Authority of a recent allegation as required under 31 (1) (g).

**Action Required:**
Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

**Please state the actions you have taken or are planning to take:**
The recent allegation notification has been forwarded on. All Untoward events will form part of the monthly supervision and will be discussed and reviewed during this time. The Person in Charge will discuss this with staff at the staff meeting in July highlighting the importance of reporting and recording any allegation, suspected or confirmed, abuse of any resident. A flow chart on completing notification has been made available to all staff.

Proposed Timescale: Completed & 31st July 2015

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff administering medication to residents, signed the administration record prior to witnessing the resident it was intended for take the medication.

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

**Please state the actions you have taken or are planning to take:**
This was addressed with the staff member in question. In addition to this, all staff completed medication training on 18th June 2015 to ensure compliance with Praxis Care’s medication policy and procedures which should ensure that prescribed medication is administered appropriately.

Proposed Timescale: 07/07/2015
### 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 document failed to outline in detail the description of the rooms in the designated centre including their size and primary function.

**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 has been reviewed and function and size of the rooms have been added to the accommodation section. This has been forwarded to the Authority.

**Proposed Timescale:** 07/07/2015

### 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 centre has not provided evidence of planning compliance as required by the Registration Regulations.

**Action Required:**
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The areas highlighted from this inspection have been shared with the Housing Association and an action plan of works has been completed to obtain the fire certificate (planning compliance) and floor plans. A meeting is scheduled to be held with the Housing Association in July for an update on the review of the action plan to ensure there is no projected failure of the works that have been agreed to be completed. The agreed timescale for this works is 31st August 2015.

**Proposed Timescale:** 31/08/2015

### Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although management systems were in place such as audits it was not demonstrated how these ensured learning to improve the service provided to residents.

**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:**
Findings from audits are shared with staff during staff meetings and staff supervision with actions plans. One example was the medication errors an action from this was refresher medication training for all staff on the 18th June 2015. Finding from audits are also reviewed by the Governance Department and shared across the organisation if appropriate and used to develop or change policies or procedures.

Proposed Timescale: ongoing

**Proposed Timescale:** 07/07/2015
**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 and safety of care and support had not been completed for the designated centre.

**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:**
A Registered provider review will be carried out on the 21st August 2015.

**Proposed Timescale:** 21/08/2015
**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 and safety of care and support had not been completed for the designated centre that provided for consultation with residents and their representatives.

**Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**
A Registered provider review will be carried out on the 21st August 2015.
<table>
<thead>
<tr>
<th>Proposed Timescale: 21/08/2015</th>
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</thead>
<tbody>
<tr>
<td>Theme: Leadership, Governance and Management</td>
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</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support had not been completed for the designated centre and was therefore not made available to residents.

Action Required:
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
A Registered provider review will be carried on the 21st August 2015 and will be made available to residents.

<table>
<thead>
<tr>
<th>Proposed Timescale: 21/08/2015</th>
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<tbody>
<tr>
<td>Theme: Leadership, Governance and Management</td>
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</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A six monthly unannounced visit had not occurred at the centre.

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 six monthly unannounced visit was completed on the 30th June 2015. Once the report has been completed it will be made available to residents and their representatives.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2015</th>
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</thead>
<tbody>
<tr>
<td>Theme: Leadership, Governance and Management</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A six monthly unannounced visit had not occurred at the centre and was therefore not available to residents and their representatives.

Action Required:
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to
residents and their representatives and the chief inspector.

**Please state the actions you have taken or are planning to take:**
The six monthly unannounced visit was completed on the 30th June 2015. Once the report has been completed it will be made available to residents and their representatives.

**Proposed Timescale:** 30/06/2015

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident's activities and outings, on occasion were cancelled, due to insufficient staff available to meet the preferences of residents such as attending mass.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
A review is currently being completed of staffing levels within Cavan by the Assistant Director and the HSE. Permanent and relief staff post have been filled. Currently staff members are waiting Garda clearance before completing their induction. In the interim, staff have volunteered their time to accommodate activities requested by the residents.

**Proposed Timescale:** 31/07/2015

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in staff files regarding the requirements of schedule 2.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
All staff files are up to date, as of 2nd June 2015.

**Proposed Timescale:** 02/06/2015

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report a number of staff required training in:

- Manual Handling.
- Managing behaviours that challenge.

**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:**
Safeguarding of vulnerable adults was up to-date on day of the inspection. Manual Handling training was attended on the 1st July by the staff requiring the training. Managing behaviours that challenge is scheduled for the 30th July and 4th August.

**Proposed Timescale:** 04/08/2015