#### Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001912</td>
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<tr>
<td>Centre county:</td>
<td>Cavan</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Praxis Care</td>
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<tr>
<td>Provider Nominee:</td>
<td>Irene Sloan Ringland</td>
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<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>12 November 2015 09:30</td>
<td>12 November 2015 14:30</td>
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</table>

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

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

This was the centre’s third inspection, previously it was inspected as a unit as part of a designated centre. This was their second inspection as a designated centre. The inspection occurred as a result of a fourth resident being admitted to the centre. Previous inspection findings, from May 2015, demonstrated there was insufficient staff to meet the needs of the then three residents. As a result the Authority carried out an inspection to seek assurances there were sufficient staff on duty and that the needs of residents were being met. The inspector also followed up on the actions from the previous inspection in May 2015.

The inspector found for the most part that improvements had occurred at the centre resulting in positive outcomes for residents. For example residents had opportunities to attend activities and events of their choosing and had routinely been attending their appointments as required. Previously staff shortages had resulted in residents missing important appointments and outings were also cancelled. The inspector found that in line with the needs of the additional resident and the needs of the other three residents staffing levels had increased by the whole time equivalent of 2.3. This equated to an additional three staff members working 92 hours per week.

The inspector found that for the most part improvements had occurred in relation to
residents care plans. Some assessed needs such as pain management were found to be not supported by a care plan and this was required. The inspector found for the recently admitted resident a personal plan was in the process of being completed and an assessment of needs was also being completed in line with the requirements of the regulations.

From a review of the premises a number of the actions had been completed such as repair works however the painting had not been completed and additional works were highlighted regarding both lounge rooms which were being used now that there were four residents. The inspector found for the resident who had recently been admitted, they had their own bedroom. Additional storage was required for this resident as outlined in Outcome 6.

Improvements had also been identified in relation to risk management. The risk register and resident's individual risk assessments had been reviewed and included the controls and measures relevant to the identified risk. The centre, at the time of inspection did not have adequate measures to give warning of fires. However, an external provider had been awarded the contract to install an integrated fire alarm panel. The inspector found risk assessments and a fire drill had been completed with the new resident upon admission and these were documented.

The inspector reviewed the admissions plan for the recently admitted resident and found it to be comprehensive and inclusive of all relevant stakeholders. It was also evident that the other residents residing at the centre were consulted with as part of the process prior to them moving in. A multi-disciplinary team review had also been arranged to review the initial stage of the admission.

The provider, as part of the registration requirements was to submit evidence of planning compliance for the designated centre. As with the previous inspection this piece of documentation remained outstanding, this is outlined in Outcome 14.

These findings along with others are further outlined in the body of the report and the action plan at the end.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found there were systems in place regarding the admission and contract of services.

The inspector found the action from the previous inspection had been completed. The contracts of care for residents had been revised and an additional guide to assist residents in understanding the detail of their agreements had also been developed. This guide was complete with pictures, the person in charge stated they would ensure additional pictures to the contract so that all elements were accessible to residents.

Since the previous inspection a fourth resident had moved to the centre. The inspector found from speaking with the person in charge and from a review of the resident’s personal plan the centre had adhered to their admissions and service delivery policy. Within the resident’s personal plan there was an admissions application form which was completed on behalf of the resident. Following this an admissions panel meeting took place to review the most suitable options for the resident. The panel record demonstrated that two options had been reviewed with the best interest of the resident outlined such as proximity to family who played a key role in their life. The resident also knew two of the three residents already as they attended the same day service. The admissions panel also reviewed the mix of residents in addition to staffing levels and the adequacy of the resources. Following the admissions panel where a recommendation had been made, the resident’s representatives were invited to review the potential future accommodation. A move in action plan had also been developed for the resident to ensure the transition was effective. Additional staffing resources were also secured. At the time of inspection he resident had not been residing in the centre for 28 days however the person in charge and staff had progressed with assessing the resident’s needs. It was also evident the resident’s family and friends were part of the process and welcomed to the centre. Consultation with the other residents who lived at the centre was evident; it had been discussed at house meetings with the residents and also...
addressed at staff meetings.

Judgment:
Compliant

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

Theme:
Effective Services

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 had occurred regarding resident's personal plans since the most recent inspection and for the recently admitted resident staff had commenced the development of their personal plan.

The inspector found, since the most recent inspection, improved health related outcomes for residents. The person in charge stated these were attributed to measures such as improved diet and lifestyle and/or change in medication for example. The inspector also found from a review of resident's personal plans improvements had occurred. For example where a need had been identified such as poor skin integrity a robust plan of care had been developed. The care plan guided staff on how to ensure optimal skin integrity for the resident, how to prevent skin breakdown and what to do should the skin become compromised. There was also evidence the resident was linked with a dietician. The appointments and outcomes of which had been documented sufficiently.

The inspector found however care plans were not in place for all assessed needs. For example a resident at the centre regularly experienced pain however there was no pain management plan in place to support this. A pain assessment tool was also not used and staff relied on facial expressions and body language of the resident, but this was not documented either.

The inspector saw that residents were linked to healthcare professionals where required. For example residents were linked to dietician, speech and language and neurology amongst others. Referrals were also in place and seen recorded in resident's personal
For recently admitted residents an assessment of needs had commenced. Staff were, at the time of inspection, continuing to link with the resident's family and day service and the resident themselves to obtain relevant and pertinent information. At the time of inspection further information was required for the resident such as their medical history. The person in charge was aware they had 28 days to complete a comprehensive assessment of needs as outlined in the Regulations.

**Judgment:**
Non Compliant - Moderate

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**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 for the most part the location, design and layout of the centre were suitable for its stated purpose and at the time of inspection met the needs of the residents.

The inspector found that some of the actions from the recent inspection had been completed. For example broken tiles had been fixed, a damp patch in the kitchen had been full repaired and the bathroom which was out of order was at the time of inspection operational. The action related to the paintwork had not been completed, however the person in charge told the inspector they were completing it once the new fire system had been installed as to not damage newly painted surfaces. Amendments had been made to the centre to ensure it was more suitable to meet the needs of a resident who had a sensory impairment. For example a rail had been placed along the wall to guide the resident. Additional aids had also at the time of inspection been ordered and they were awaiting delivery of same. New carpet had been laid in the stairs and landing since the most recent inspection, the residents chose the design themselves.

The inspector found the recently admitted resident had adequate space in their bedroom. There was a wardrobe and a locker for storage however additional storage was required to ensure their personal belongings and personal hygiene products were...
appropriately stored. The resident also had a new television that had not yet been hung, plans were in place for this as the television had recently been purchased. The room had been painted prior to the resident moving in and reflected their preferences.

The centre had two lounge rooms which were now both in use as the centre was at full capacity. Both lounge rooms required decorating to ensure they were homely and inviting. The seating on one of the lounge rooms, which at time of the last inspection was not readily in use, was too large for the room and the décor outdated. The other lounge room, which was used daily contained furniture that was worn for example the arm of one chair was ripped. The décor in this room was also not homely and outdated.

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

Findings:
The inspector found that a number of actions from the most recent action had been completed however some remained outstanding.

From a review of the risk register and residents individual risk assessments the inspector found improvements had occurred. For example for a resident with poor sight a risk their risk assessment had been amended and adequately outlined the risks and controls that were in place.

The inspector found that a fire drill had been completed with the recently admitted resident and they confidently reacted to the fire alarm. A personal emergency evacuation plan had also been developed for them in addition to risk assessments relevant to their needs. Personal emergency evacuation plans had also been reviewed and updated for the other residents since the most recent inspection.

Door wedges which had been in use at the last inspection were discarded off and no longer used in the centre. The provider had also sourced a competent person to install an integrated fire alarm system to give warning of fires. This had not been installed at the time of inspection. Staff had also received additional training on how to use the fire extinguishers. The inspector reviewed their certificates of attendance and participation.

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

Theme:
Safe Services

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

Findings:
As part of the inspection notifications received by the authority regarding peer to peer incidents were reviewed and followed up with the person in charge.

The person in charge at the time of inspection had identified one resident required additional support regarding their behaviours to protect themselves but also other residents whom they lived with. The inspector found the person in charge had referred the resident to the appropriate professionals for a review and a multidisciplinary team meeting had also been scheduled. The resident also had their medication reviewed and some staff had received training in managing behaviours that challenge. There had been two recent incidents involving peer to peer altercation. At the time of inspection safeguarding plans had not been developed to ensure residents were consistently supported and protected from such incidents and/or the risk of same being mitigated. Although staff were aware of how to support residents and it was also seen discussed at team meetings.

Two residents had been identified as having behaviours that challenge. For one of these there was a behaviour support plan in place. This had been subject to review post incidents and a further review by a clinical psychologist had also been scheduled. For the second resident who had been identified as having behaviours that challenge for example in their personal plan and within risk assessments, a behavioural support plan had not been developed.

Judgment:
Non Compliant - Moderate

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

Findings:
The statement of purpose had been updated since the most recent inspection. The
statement of purpose contained the information as set out in schedule 1 including the
detailed description of the rooms in the centre including their size and primary function.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
The inspector followed up on the actions from the most recent inspection and found a
number of them had been completed however one action remained outstanding.

An annual review had been completed which involved consultation with residents and
their families. There was also a six monthly unannounced visit completed and the
relevant report was available at the designated centres. From a review of minutes from
staff meetings it was evident that findings of audits and areas for learning were
identified such as learning from recent incidents at the centre. Action plans were also
developed as part of the annual review which identified areas of learning.

As found on the most recent inspection, the provider has failed to provide planning
compliance, as part of their application to register, as required by the Health Act 2007
(Registration of Designated Centre for Persons (Children and Adults) with Disabilities
Regulations 2013. Proof planning compliance is a requirement of Registration.

Judgment:
Non Compliant - Major
### 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector found the actions from the previous inspection had been completed and that staffing levels were, at the time of inspection, adequate to meet the needs of the residents.

At the previous inspection, completed in May 2015, there was three care staff at the centre who worked the whole time equivalent of 2.3 to meet the needs of three residents over seven days. The inspector found at the most recent inspection both staffing levels and resident numbers had increased. There were five posts for care staff which equated to 4.3 whole time equivalent to meet the needs of four residents over seven days. Two care staff worked during the day and one staff member operated a waking night. The inspector found from speaking with staff and from a review of resident's activities and daily notes that residents were involved in meaningful activities and also had opportunities for 1:1 activities. The inspector found that staffing levels were adequate to meet the needs of the four residents, at the time of inspection, residing at the centre. The person in charge told the inspector the waking night was due to be reviewed at the end of a six week cycle. However they stated the hours of the centre would not be decreased as a result.

**Judgment:**  
Compliant

### Outcome 17: Workforce

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

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily
Findings:
Since the previous inspection additional agency staff had commenced working at the centre. The inspector reviewed two of these staff files and found that one of the files was not in compliance with Schedule 2 of the Regulations. For example there was no full employment history, the file did not contain two references nor was there any evidence of qualifications or accredited training of the person.

Some training had been completed since the last inspection. A number of staff had received enhanced training in fire safety however this was still outstanding for two staff members. Manual handling training had also been completed but this remained outstanding for one staff member the time of inspection. Training in understanding behaviours that challenge had been completed for some staff but was required for one staff.

Judgment:
Substantially 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

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<tr>
<td>Date of Inspection:</td>
<td>12 November 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 December 2015</td>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not in place to support all assessed needs of residents for example pain management.

1. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan 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.
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:**
Personal plan in place on admission 19.10.15 this was signed on the 27.11.15 by statutory key-worker (HSE). Pain management has been added to Care Plans by PIC.

Proposed Timescale: 24.11.15 & 27.11.15

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**Proposed Timescale: 27/11/2015**

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

1. The paintwork required refreshing in a number of areas for example the hall, stairs and landing.

2. The two lounge rooms, both of which were now in use, required upgrading.

3. Part of the seating in the lounge room was torn

4. Seating in one lounge room was too large for the room.

2. **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:**
Painting commenced 02.12.15 – on completion residents will be support in furnishing the rooms and new suite will be delivered.

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**Proposed Timescale: 18/12/2015**

**Theme:** Effective Services

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

Improvements were required to ensure the premises met the needs of a resident who had sensory requirements.

3. **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
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A bedroom required additional storage as outlined in the body of the report.

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:
Additional storage sourced and in place in bedroom.

Proposed Timescale: 28/11/2015

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 fire alarm system was inadequate at warning staff and residents of a fire.

5. Action Required:
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:
Three quotes obtained from local fire management companies. A contractor will carry out this work.

Proposed Timescale: 31/01/2016

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:
A resident whom had been identified as having behaviours that challenge did not have a behaviour support plan in place it was therefore unclear how staff were supporting the resident with this need.

6. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
Behaviour support plan in place in Care Plan for resident that has behaviours that challenge by PIC and staff team. This has been forward to statutory key-worker for signing.

Proposed Timescale: 30/11/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Safeguarding plans were not in place for those residents that required same.

7. Action Required:
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:
Safeguarding plans are now in place for each resident completed by the PIC.

Proposed Timescale: 24/11/2015

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 and compliance as required by the Registration Regulations.

8. 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)
Please state the actions you have taken or are planning to take:
Praxis Care Property manager is liaising with the housing association and the HSE to ensure this is completed.

**Proposed Timescale:** 31/01/2016

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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 a staff file regarding the requirements of Schedule 2.

**9. 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:
Gaps in staff files have been obtained and filed in relation to full employment history, references, qualifications and training record.

**Proposed Timescale:** 16/11/2015

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**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 additional staff training was required:
- Two staff required additional training in fire safety
- One staff required manual handling training
- One staff required training in understanding behaviours that challenge.

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

Please state the actions you have taken or are planning to take:
All training booked - manual handling 09.02.16 & Understanding behaviours 05.01.16
Fire extinguisher training to be completed by 31st January 2016.

**Proposed Timescale:** 05th January 2016, 31st January 2016 & 9th February 2016
**Proposed Timescale:** 09/02/2016