<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Group I - St. Vincent's Residential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003933</td>
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<tr>
<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Noonan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Margaret O'Regan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</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.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

<table>
<thead>
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<th>From:</th>
<th>To:</th>
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<tr>
<td>27 July 2016 15:00</td>
<td>27 July 2016 20:00</td>
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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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<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 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:
This was an inspection carried out to monitor ongoing compliance with regulations and standards. It also followed up on matters which needed to be addressed from the previous inspection.

How evidence was gathered:
As part of the inspection, the inspector met all 18 residents. The inspector viewed documentation, met with staff, the person in charge and the provider representative. Overall, residents appeared relaxed and comfortable in their homes and in the company of staff. The inspector noted that the actions arising from the last inspection had been addressed with the exception of adequate storage space for hoists. This matter was being addressed at the time of inspection.

The inspector noted the good quality of life that residents enjoyed. The flexibility around care practices helped to minimize the occurrence of incidents around behaviour that challenges. Residents were independent in so far as possible and residents appeared happy.
Description of the service:
The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed to 'continue to improve quality of life by ensuring residents are supported by staff to reach their full potential'. The mission of the Daughters of Charity, as set out in its statement of purpose, is 'to provide a home like environment'. It aims to achieve this by person centred planning. The inspector was satisfied that overall these aims were achieved.

Accommodation was in three single storey detached houses. Six residents lived in each house. Each house had a sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities.

Residents were able to get out and about almost on a daily basis. The houses were well maintained. Residents availed of day services from Monday to Friday. Transport was provided to enable them to engage in activities outside the centre and its complex.

Overall judgment of our findings:
The inspector found that care was provided in a holistic environment in which respect was a core element of interactions. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships. Residents were offered independence while safeguarding security.

Improvements were identified in the following areas
• the manner in which hoists were stored
• the manner in which monitors were used
• the delays in providing training to new staff.

The reasons for these findings are explained under each outcome in the report.
**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 admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service.

Staff monitored how residents adapted and settled into their home. Residents were supported to maintain family contact.

Admissions, discharges and transfers to the centre were organised through the organisation’s admission, discharge and transfer team (ADT).

Each resident had a written contract. The contract set out the services to be provided and the fees to be charged. Details of additional charges were also included.

**Judgment:**
Compliant

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

**Findings:**
Residents or their representatives were actively involved in an assessment to identify their individual needs and choices. Assessments had multidisciplinary input and care plans were implemented, regularly reviewed and resulted in improved outcomes.

For example, residents were facilitated to go to a local hairdresser, supported to regularly visit their family home and go on holidays. They were engaged in a variety of day services which were available onsite. Providing such activities took into considerations their physical and emotional needs.

Residents and their family members were consulted and involved in the review process. Residents were provided with a social model of care. The inspector saw residents receiving foot massages, going for walks, planning outings and enjoying the banter with fellow residents and staff.

**Judgment:**
Compliant

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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

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

**Findings:**
All three houses were homely and well maintained. The design and layout of the houses was in line with the statement of purpose which was to provide an environment that was safe and comfortable.

The premises met the needs of residents and the single storey design and layout promoted their safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The houses were free from significant hazards which could cause injury. There were sufficient furnishings, fixtures and fittings and the centre was clean and suitably decorated.
There was adequate private and communal accommodation. There was a well equipped kitchen with sufficient cooking facilities and equipment. There was adequate toilets, bathrooms, showers which were adapted to meet the needs of residents.

There was a suitable outside area for residents. Residents had access to appropriate equipment which promoted their independence and comfort such as beds which lowered to the ground, walking frames and wheelchair adapted transport.

Equipment used was fit for purpose and there was a process for ensuring the equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use the equipment available.

The storage facility for a hoist was inadequate. This had been identified on a previous inspection. The inspector was informed of the plan to have this addressed.

**Judgment:**
Substantially Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement. The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents.

There were also arrangements in place for responding to emergencies. Reasonable measures were in place to prevent accidents. There were satisfactory procedures in place for the prevention and control of infection and staff had received training in hand hygiene. Staff were also trained in moving and handling of residents where required.

The centre had identified the greatest risk was the risk of falls for an aging resident cohort. Measures had been put in place to minimise this. These measures included assessment with an appropriate falls risk assessment tool, referral to occupational therapy and physiotherapy, the putting in place of hand rails and the removal of floor mats.
Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire.

Fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were monthly fire drills and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment.

Emergency lighting was in place.

**Judgment:**
Compliant

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### Outcome 08: Safeguarding and Safety

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

### Theme:
Safe Services

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

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

### Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents in the centre indicated they felt safe. Most staff had received training in understanding abuse especially as it pertains to adults with disability. However, they were delays in the system in place in ensuring new staff received this training.

Any incidents, allegations, suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre’s policy, national guidance and legislation.
A thorough system was in place to monitor and account for the use of residents personal funds. Two staff signatures were recorded on each lodgement and withdrawal. Residents' wallets were checked by two staff every week to ensure the correct amount as documented were in each wallet. The inspector carried out a random check of this and found no anomalies.

Efforts were made to identify and alleviate the underlying causes of behaviour that challenges for each individual resident. Specialist interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on the lives of residents.

There was limited use of restrictive practices. However, when it was used, it was not clear that alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was reviewed by the multidisciplinary team but the documentation around this review was not available for inspection. The inspector was provided with reassurances in the days following inspection that the restrictions in place (visual and audio monitors) had been reassessed and removed or their use reduced. Family members were informed of the use of restrictive procedures.

The use of medication to manage behaviour that challenged was monitored and regularly reviewed by the psychiatry team.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Residents’ health care needs were met through timely access to general practitioner (GP) services, onsite psychiatric support and appropriate treatment and therapies. Individual residents’ health needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services which reflected their diverse care needs.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to avail of regular health screening tests, partake in appropriate exercise and eat healthily. End of life care was provided in a manner that
met the needs of the resident and in line with best practice. The centre engaged the support of a local hospice where there was an indicated need. Residents end of life care wishes were documented having been discussed with the resident, their family, their GP and staff working with the resident.

Each resident had a health care plan. It was devised and updated with the resident, his/her family and the multidisciplinary team. The key worker took the lead in the implementation of the care plans. A system had recently begun whereby every resident has all members of the multidisciplinary team involved in their yearly review regardless of whether each discipline had previously had an input into the residents care. It was envisaged it would be 12 months before this was rolled out to all residents within the organisation’s service.

The organisation had a number of clinical nurse specialists available to support residents and staff in the provision of appropriate care. Some of these were based onsite and others were available to the service from the national team. Such specialist clinical support covered areas such as dementia, behaviour that challenges, infection control, medicines management amongst others. Staff reported the inclusion of national clinical support to be of benefit to staff and residents.

Food was nutritious, appetising, varied and available in sufficient quantities. It was supplied from a central kitchen. It was available at times suitable to residents. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner.

Residents were supported to prepare their own meals as appropriate to their ability and preference. Apart from the supplies from the central kitchen, food was also available in each house and snacks were available throughout the day. The inspector saw residents being offered refreshments at times other than meal time. The advice of dieticians and other specialists was implemented in accordance with each resident’s personal plan. For example, a coeliac diet was followed where indicated as was a diabetic diet. The inspector saw that meal times were positive social events.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. The medicine trolley and other medical supplies were securely stored.

At the time of inspection no resident was self medicating. A policy was in place to facilitate this if the need arose. Where medications were given in a crushed format this was documented on the prescription chart. Pharmacy guidelines were also in place for those medicines which required to be crushed. Specific medication management plans were in place for those residents that had an identified need for such a plan.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. The incident of medication error was low and a system was in place to record any errors.

A system was in place for reviewing and monitoring safe medication management practices. Regular audits of medication management practices were undertaken by the person in charge. These audits were unannounced. It could be seen from observation and from the documentation that practices were appropriate.

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:
Management systems were in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.
There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge and staff stated they felt supportive and guided by her to provide a high standard of care.

The person in charge conducted a suite of unannounced audits to be reassured that high standards were being maintained and identify areas for improvement.

The person in charge conducted regular staff appraisals and such appraisals were held in staff personnel files.

**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 implemented.

**Findings:**
There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the building.

There was an actual and planned staff rota. It was displayed in each house within the centre.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence based practice. For example, staff had training in medication management, hand hygiene, dementia care as well as mandatory training. There was a system in place to ensure staff kept up to date with their mandatory training. This was
monitored by the person in charge who booked staff in for the required training days.

There was an induction process in place for new staff. It involved a week of orientation. New staff reported this to be very helpful. However, it was clear from the documentation and from speaking with new staff that mandatory training was not always covered during the orientation week. Neither was there a date assigned to provide this training prior to the new staff member being rostered.

Because staff training places and updates were in high demand, it was possible for staff to be rostered for several weeks or months before they had their mandatory training completed. The gaps noted by the inspector was for a staff member, who six weeks after commencement was awaiting training in adult protection, another newly recruited staff was awaiting training on fire safety. New staff were familiar with the fire safety equipment and fire drills that regularly occurred. New staff were also familiar with the policies in place such as those on adult protection. However, a more planned system was required to ensure there was less of a delay in securing places on mandatory training.

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Staff were competent to deliver care and support to residents because their learning and development needs had been met.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability.

All relevant members of staff had an up-to-date registration with the relevant professional body. Staff files were held off campus in a central office. These were checked on a separate occasion and found to be in compliance with regulations.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
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):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
Records were kept secure and easily retrievable. Residents to whom records referred could access them. Medical and clinical care notes were up to date, comprehensive and neatly maintained.

Residents’ records and general records were kept for not less than seven years after the resident to whom they related ceased to be a resident in the centre. Records relating to inspections by other authorities such as fire authorities were maintained.

There were centre-specific policies which reflected the centre’s practice. Staff indicated they understood policies by signing once they had read them.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

### 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:
Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Date of Inspection:</td>
<td>27 July 2016</td>
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<tr>
<td>Date of response:</td>
<td>13 October 2016</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 06: Safe and suitable premises

Theme: Effective Services

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

There was inadequate storage facilities for equipment such as hoists.

1. 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:
The Director of Logistic, Person in Charge and Nominee Provider has sourced storage units. The company were on site on 06/10/2016 to plan for foundation and services for the storage unit. The Nominee Provider has secured funding for the storage units.

**Proposed Timescale:** 30/11/2016

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**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:
The use of restrictive procedures was reviewed by the multidisciplinary team but the documentation around this review was not available to staff or available for inspection.

2. **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:**
A copy of the documentation was forwarded to the inspector post inspection. All documentation is in typed format and available to all staff working in the centre.

**Proposed Timescale:** 09/08/2016

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited use of restrictive practices. However, when it was use, it was not clear that alternative measures were considered before a restrictive procedure was carried out.

3. **Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
A review of restrictive practices was carried out immediately post inspection. Regarding the restrictive practice use of visual monitors for two service users, both were removed. Restrictive practices all have set review dates in place; all reviews will ensure that each current restriction is the least restrictive measure possible.

**Proposed Timescale:** 08/08/2016
Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Mandatory training was not always covered during the orientation week. Neither was there a date assigned to provide this training prior to the new staff member being rostered.

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

Please state the actions you have taken or are planning to take:
The Nominee Provider will ensure that the Training Prospectus includes additional training dates to be scheduled where necessary to ensure all staff in the centre has up to date training. The Person in Charge will ensure that all staff are scheduled for training and are up to date with training in the centre. New and existing staff are scheduled to receive all mandatory training.

Proposed Timescale: 30/11/2016