

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dungloe Services 2
Centre ID:	OSV-0002506
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 03 April 2017 08:50 To: 03 April 2017 18:45

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential

Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:

During the inspection, the inspector spent time with nine residents living at the centre and met with four staff member. The person in charge was not available on the day of inspection due to attendance at a training course. In addition, the inspector reviewed documents such as personal plans, risk assessments, safeguarding plans, behaviour support plans, policies and procedures and staff personnel files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations. The inspector found that the service was being provided as described, although the inspector found that the centre's design did not meet both residents' needs and the requirements of Schedule 6 of the regulations. The centre comprised of a five-bedded bungalow close to a nearby town with access to local shops and amenities. The centre was part of the Health Service Executive (HSE) services in Donegal and provided both full and part-time residential services to adults with a disability.

Overall Findings:

The inspector found that the provider had addressed the majority of actions from the centre's previous inspection on the 20 September 2016. However, those actions not fully addressed such as the installation of fire doors, continued to impact on the delivery of care and support at the centre.

Throughout the inspection, residents appeared relaxed and comfortable with the support received from staff. Where able too, residents told the inspector that they had lived at the centre for many years and were happy there. They told the inspector that staff were kind and supported them with their needs. However, the inspector found that the centre's layout did not meet residents' needs and that the centre's risk management and staff arrangements did not ensure that residents were kept safe at all times. Furthermore, the inspector found that residents' personal plans were not up-to-date and staff had not all received training which reflected both residents' needs and the provider's policies.

Summary of regulatory compliance:

The centre was inspected against six outcomes. The inspector found major non-compliance in five outcomes relating to the residents' personal plans, premise, risk management, safeguarding arrangements and workforce. Moderate non-compliance was found in one outcome relating to the centre's governance and management arrangements. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' personal plans were not all up-to-date and reviewed annually. In addition, residents' were not consistently supported to engage in activities which reflected their assessed needs and annual goals.

The inspector reviewed residents' personal plans which included information on residents' needs in areas such as 'being safe', medication, healthcare and behaviours of concern. However, the inspector found that not all personal plans had been reviewed annually and were not up to date.

Where annual reviews had occurred, records showed that meetings were attended by the resident, their representatives, centre staff and multi-disciplinary professionals such as psychiatrists and General Practitioners. However, the inspector found that personal plans had not been updated following review meetings. Furthermore, personal plans were not available to residents in an accessible format which reflected their needs.

Annual review meeting minutes examined showed that a review of the effectiveness of all elements of the residents personal plan had not occurred, with the reviews centring on needs such as healthcare and behaviours of concern. Furthermore, reviews did not consistently assess whether residents' personal goals were achieved.

The inspector found that residents' goals reflected their personal preferences and goal planning records incorporated both the supports required including named staff and expected timeframes for achievement. Furthermore, the inspector examined residents' daily progress and activity records and found that they were not reflective of residents'

personal preferences and their annual goals.

Judgment:

Non Compliant - Major

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:

Following the previous inspection, the provider had made improvements to support residents' right to privacy; however, the centre's layout did not meet residents' assessed needs and the requirements of Schedule 6 of the regulations.

The centre was a bungalow located close to a rural town in Donegal and provided residential support to ten residents either on a full or part-time basis. The centre comprised of five bedrooms which accommodated two residents in each room.

Following the centre's previous inspection, the inspector found that privacy screening and an ensuite bathroom door had been installed. Furthermore, plans were in place for the construction of more suitable accommodation for residents which was expected to be available by June 2018.

However, the premises did not meet residents' needs. The inspector observed that residents' needs were not catered for by the size and layout of shared bedrooms. The inspector observed that, due to the size of residents' shared bedrooms where additional storage facilities had been provided this had reduced the space available to residents.

The centre's design did not provide adequate private and communal space for residents. For example, due to the size of the centre's dining room not all residents were able to eat at the same time together and several sitting for meals occurred. In addition, the centre did not provide facilities for residents to meet visitors in private.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that residents were not protected from all risks.

The centre was equipped with fire safety equipment including fire extinguishers, fire alarms, fire call points, smoke detectors and emergency lighting. Records showed these were regularly serviced by an external contractor. However, the centre had not installed fire doors in residents' bedrooms following the previous inspection. Furthermore, the inspector found that fire doors were not in place in the centre's kitchen and communal rooms, which was further confirmed by an external fire assessment, following the last inspection.

The centre's fire drill records showed that regular simulated evacuations were conducted using minimal staffing. The inspector found that staff knowledge reflected the centre's fire evacuation plan, although not all staff had received up-to-date fire safety training.

The centre's fire evacuation plan was prominently displayed throughout the centre, and where able to, residents told the inspector what they would do in the event of a fire. However, an accessible version of the centre's fire plan was not on display for residents to access.

The centre had an up-to-date safety statement and risk register. However, the inspector found that staffing arrangements in place between 21:00 and 08:00 at the centre did not meet residents' manual handling and safeguarding requirements, as identified in their risk assessments, personal plans and safeguarding plans.

Furthermore, an identified risk which required two residents' bedroom wardrobes to be locked was not fully assessed. In addition, the inspector found that control measures identified in risk assessment and audits had not been completed in-line with agreed timeframes - such as staff training.

The inspector reviewed the centre's infection control procedures and observed that hand hygiene information was displayed in the kitchen and communal bathrooms. In addition, hand sanitisers and segregated waste disposal facilities were available and all staff had completed up-to-date hand hygiene training.

Training records further showed that all staff had received up-to-date manual handling training in-line with the provider's policy.

The inspector found that residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected residents' assessed needs and staff knowledge.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre's staffing arrangements did not effectively safeguard residents from the risk of abuse or manage behaviours of concern.

The inspector reviewed residents' safeguarding plans which related to peer-to-peer abuse and found that they reflected staff knowledge. In addition, safeguarding plans were in place and reviewed regularly. However, the inspector found that agreed safeguarding staffing arrangements were not facilitated at all times. For example due to a safeguarding issue, staff were required to be present in the communal rooms; however, between 21:00-08:00 staffing reduced to two workers, and this arrangements could not be ensured as residents with manual handling needs occasionally required the support of two staff in other areas of the centre.

Residents' behaviour support plans reflected staff knowledge and included proactive and reactive management strategies. However, the inspector found that not all plans had been developed or reviewed by a behavioural specialist. Furthermore, the inspector found that staff had not all received training in positive behaviour management.

The centre maintained a restrictive practice register which showed when agreed interventions were used and their duration. However, the inspector found that the register did not include all observed practices such as restricted access to the kitchen during cooking times and the locking of two residents' bedroom wardrobes

The inspector further reviewed training records and found that all staff had received up-to-date training on safeguarding of vulnerable adults, and found that staff knowledge

was in-line with the provider's policy. Information on the centre's safeguarding policy was displayed prominently and included photographs of both the designated safeguarding officers for adults and children.

Residents told the inspector that they were happy and comfortable with the support they received from staff. In addition, the inspector observed staff providing support to residents in a respectful and timely manner in-line with their assessed needs.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector found that the centre's governance and management arrangements had not ensured that the findings of previous inspections and the provider's own internal quality assurance systems were addressed.

The inspector reviewed audit systems in place at the centre which included the monitoring of accident and incidents, use of restrictive practices, nursing metrics and fire safety arrangements. The inspector found that although audits were carried out in-line with the provider's policies, they had not identified areas found by the inspector such as unrecorded restrictive practices and out-of-date resident personal plans.

Furthermore, the audit and governance arrangements in place at the centre had not ensured that findings from previous inspections were addressed, such as the installation of fire doors.

In addition, the inspector reviewed the centre's internal quality improvement plan and found that actions had not been addressed in-line with agreed timeframes such as completion of maintenance works and fire containment arrangements.

The provider had completed six monthly unannounced visits to the centre and copies of the visits' reports were available. However, the inspector found that identified actions

such as completion of protocols for the locking of residents' bedroom wardrobes had not been completed in-line with agreed timeframes.

The management structure reflected the centre's statement of purpose and staff knowledge. The person in charge was full-time and was responsible for one other designated centre in the local town. The person in charge was a qualified intellectual disability nurse with many years experience in working with adults with disabilities. Staff told the inspector, that the person in charge was based at and regularly present in the centre, which was reflected on the centre's roster and team meeting minutes.

Staff told the inspector that they attended regular staff meetings which were facilitated by the person in charge and was reflected in meeting minutes examined. Furthermore, staff told the inspector that they found the person in charge to be approachable and available as and when required. In addition, staff told the inspector that they would not have any reservations in bring concerns to the person in charge's attention. However, formal supervision arrangements were not in place at the centre, and although staff had received information on proposed 'personal development plans' they had not commenced.

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

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Staffing arrangements at the centre did not fully meet residents' assessed needs and agreed interventions. In addition, staff records did not comply with the requirements of Schedule 2 of the regulations.

The inspector found that the centre had both a planned and actual roster which was reflected on the day of inspection. However, although residents' needs were being met overall, the inspector found that staffing levels between 21:00 - 08:00 did not met both

the requirements of residents' manual handling needs and agreed safeguarding interventions.

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

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

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002506
Date of Inspection:	03 April 2017
Date of response:	02 May 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Annual reviews did not assess the effectiveness of all parts of the residents' personal plan.

1. Action Required:

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

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

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

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

The person in Charge will ensure that annual reviews assess the effectiveness of all parts of the residents personal plan. The annual review format has been updated to include this and all staff have been made aware of same.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The inspector found that not all residents' personal plans had been reviewed annually.

2. Action Required:

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

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

The Person in Charge will ensure that all residents personal plans will be reviewed.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Personal plans were not available to residents in an accessible format reflective of their needs.

3. Action Required:

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

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

The Person in Charge will ensure that residents personal plans are made available in an accessible format for the residents and where appropriate their representatives. Work has commenced using pictures and audio formats.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The inspector found that residents' personal plans had not been updated following an annual review.

4. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The Person in Charge will ensure that each personal plan is amended in accordance with any changes recommended following a review.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The inspector found residents' activities were not reflective of their personal plan and preferences.

5. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The Person in Charge will ensure that residents activities are reflective of their personal plans and preferences. Personal activity Schedules are being developed which reflects personal plans and preferences.

Proposed Timescale: 31/05/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the centre did not meet residents' assessed needs and the requirements of Schedule 6 of the regulations.

6. Action Required:

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

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

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

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

Proposed Timescale: 31/12/2018

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:

Risk management arrangements at the centre had not ensured that ;

- Staffing arrangements were in place to meet residents' needs
- All risks were fully assessed
- Risk control measures were implemented in-line with agreed timeframes

7. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Person in Charge will ensure that appropriate staffing levels are in place to meet the residents' needs.

The Person in Charge will complete an assessment of all risks in the designated centre and ensure that Risk control measures are implemented in line with agreed timeframes.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Not all staff at the centre had received fire safety training.

8. 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:

The Person in Charge has developed a training plan to ensure all staff receive annual Fire Safety training.

Proposed Timescale: 27/04/2017

Theme: Effective Services

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

The inspector found that fire doors were not in place at the centre.

9. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The Registered Provider will ensure that fire doors are in place in the Centre.

Proposed Timescale:

Theme: Effective Services

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

An accessible version of the centre's fire plan was not on display for residents' to access.

10. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

An Accessible Version of the Centres Fire plan is displayed in the Centre.

Proposed Timescale: April 5th 2017 Completed

Proposed Timescale: 05/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not all received positive behaviour management training.

11. Action Required:

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

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

The Person in Charge will ensure that all staff receives positive behaviour management training.

Proposed Timescale: 31/05/2017

Theme: Safe Services

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

The inspector found that not all plans had been developed or reviewed by a behavioural specialist.

12. Action Required:

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

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

The Person in Charge will ensure that all plans will be developed or reviewed by a behavioural specialist.

Proposed Timescale: 31/05/2017

Theme: Safe Services

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

The inspector found that not all restrictive practices at the centre were recorded and regularly reviewed.

13. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The Person in Charge commenced recording of all restrictive practices since April 5th. Local guidelines are in place for all restrictive practices identified. All restrictive practices will be the subject of regular review by the Person in Charge.

Proposed Timescale: April 5th 2017 completed

Proposed Timescale: 05/04/2017

Theme: Safe Services

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

The centre's staffing arrangements did not reflect agreed safeguarding measures.

14. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The registered Provider will ensure that the centres staffing arrangements reflect agreed safeguarding measures.

Proposed Timescale: 31/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider had not ensured the findings of the previous inspection and the provider's own internal audits were addressed within agreed timeframes.

15. Action Required:

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

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

The Person in Charge will ensure that the actions from the previous inspection and the Internal audit report will be completed.

Proposed Timescale: 31/05/2017

Theme: Leadership, Governance and Management

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

Staff did not receive formal supervision and proposed 'personal development plans' had not commenced at the centre.

16. Action Required:

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

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

The Person in Charge will ensure that all staff have receive formal staff supervision via Personal development Planning. To date three have been completed and the person in charge has a plan in place to ensure all will be completed.

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing arrangements did not meet both residents' assessed manual handling requirements and agreed safeguarding interventions.

17. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The registered Provider will ensure that the centres staffing arrangements meet residents assessed manual handling requirements and agreed safeguarding interventions.

Proposed Timescale: 31/05/2017

Theme: Responsive Workforce

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

Staff personnel records did not contain all documents required under Schedule 2 of the regulations.

18. Action Required:

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

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

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

Proposed Timescale: 31/05/2017