

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---------------------------------------|
| Centre name: | Longford Supported Accommodation |
| Centre ID: | OSV-0002668 |
| Centre county: | Longford |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | RehabCare |
| Provider Nominee: | Rachael Thurlby |
| Lead inspector: | Ann-Marie O'Neill |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 4 |
| 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:

07 March 2017 11:40

To:

07 March 2017 19:00

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

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| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to the inspection

This was the third inspection of this designated centre. The centre has previously been inspected on two occasions in 2014. The purpose of this unannounced inspection was to assess the centre's compliance with the regulations and standards as part of the Health Information and Quality Authority's (HIQA) continuous regulatory monitoring for all designated centres.

Description of the Service

The designated centre is part of the RehabCare Group, a national organisation which provides a range of services to people with varying degrees of disability. The ethos of the designated centre as outlined in the centre's statement of purpose and function is to provide individuals with a safe home-from-home environment, whilst promoting a service user driven service'.

Residents attend day services provided by the organisation or an alternative day service, from 9:30am to 3pm Monday to Friday. This centre provides services to adult residents requiring support with intellectual disability, mental health, Down syndrome, epilepsy and autism. Four residents are accommodated in the designated centre.

How we gathered evidence

Over the course of this inspection the inspector met and spoke with all four residents in the centre and spoke more in depth with one resident. The inspector also observed interactions with staff and residents. The inspector also met with the person in charge and two social care workers on the day of inspection. Documents reviewed included: personal plans, restrictive practice reviews and recommendations, behaviour support planning, fire containment measures and evacuation procedures in the centre.

Overall judgment of our findings

Overall the inspector found residents were experiencing a good quality service but there were some areas that required improvement.

Residents participated in quality person centred planning and goals set had been achieved with new goals set for the coming year. Residents' healthcare needs were well met and they were supported to access community integrated allied health professionals. Some residents were independent in taking their own medication and also enjoyed being independent in other aspects of their lives.

There were some issues with regards to the fire and smoke containment measures in the centre. The provider was required to address this non compliance in a timely way to ensure fire safety systems in the centre were adequate and could prevent the spread of smoke or fire.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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 care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans reflected residents' assessed needs and wishes and were documented in a person centred way.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. An assessment of need had been carried out for each resident and ongoing monitoring of residents' needs was evident. This occurred through key worker meetings between residents and their assigned keyworker staff member.

Residents' assessment of needs included communication, health care, educational, leisure time activities, general likes and dislikes, nutrition and food preferences, intimate care and personal hygiene, independent living skills, social skills, and behaviour assessments.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management assessments.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals achieved by residents included going to a concert and a night away, learning how to use the house phone, visiting a driving range for golf sessions, gardening and completing a kayaking and canoeing course for which the resident received a certificate of completion.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre for most areas. However, fire containment measures were not adequate and required improvement. Not all personal risks to residents had been identified as required in the Regulations and required improvement.

The risk management policy met the requirements of the Regulations and was implemented effectively throughout the centre. Hazards were identified with control measures in place. However, some personal risks were not identified and therefore did not have risk assessment and control measures documented. For example, risk of choking due to compromised swallow and risks associated with residents that displayed behaviours that challenge.

Fire policies and procedures were centre-specific and up to date. The inspector observed that there were fire evacuation notices and fire plans displayed in the centre. The fire and smoke detection system had received quarterly servicing which was up-to-date. Fire extinguishers were located throughout the centre and fire blankets were also available. Emergency lighting was located at specific points in the centre and serviced on a quarterly basis.

Individual personal evacuation management plans were documented for some residents and implemented as part of fire drills in each residential unit. Regular fire drills took place and records reviewed by the inspector confirmed that they were undertaken approximately once a quarter. The response of residents during fire drills was documented and also the length of time the drills took.

While there were good fire safety systems in place the measures in place for the containment of smoke and fire in the centre required improvement.

On the day of inspection, the inspector observed there were a significant number of wedges holding open doors throughout the centre. No fire compliant system to hold open doors in the centre was fitted.

The explanation for the use of wedges was due to the heavy weight of some of the doors in the centre. Residents liked the doors throughout their home to be kept open allowing them to enter and exit rooms without impediment. Some residents also liked to have their door slightly ajar at night time. In order to facilitate this, staff placed a wedge under the resident's bedroom door. While the inspector understood the rationale for the use of wedges in the centre, their use was in contravention of fire and smoke containment measures and rendered the doors in the centre ineffective in preventing the spread of smoke/fire.

Further improvement in relation to fire and smoke containment was required for high risk areas within the centre, for example the utility door was not a specific fire rated door and doors leading from the kitchen were not fitted with smoke seals or intumescent strips, for example.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended training and refresher training.

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:

There were appropriate measures in place to protect residents being from experiencing abuse, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Management of behaviours that challenge was comprehensive and supported by relevant clinicians. Evidence showed restraint was prescribed and used as a last

resort.

There was a policy which guided staff on the prevention, detection and response to abuse. All staff had received training in procedures aligned with this policy. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

Behaviour support planning was in place for residents requiring such supports. Allied health professionals with expertise and knowledge in the prevention and management of behaviours that challenge had been involved in drafting behaviour support planning for residents. Behaviour support plans reviewed incorporated the principles of positive behaviour support and were reviewed as required.

Where chemical restraint was in use it was used as part of a positive behaviour support reactive strategy with specific criteria for its use and ongoing review by the person in charge, prescribing physician and behaviour support specialist.

At the time of inspection one resident had been prescribed chemical restraint. The resident had not received it as a review and management process needed to be carried out before it could be administered. This assessment and review process was comprehensive and incorporated the use of a Human Rights Committee review before such practices could be implemented.

Judgment:

Compliant

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:

The inspector reviewed a sample of health care plans for residents living in the centre and found they were supported to have their health needs met.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also used primary care services to access the supports of allied health professionals such as dietitians, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital

appointments.

Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. Staff kept a record of the food choices offered to residents and if they liked or disliked them. This information formed the decision making around what menu choices were for residents each day/week.

Some residents required a modified consistency diet. Appropriate support planning was in place for residents with this requirement and speech and language and dietetic allied health professionals were involved with the review and developing of support interventions for residents with this requirement. Residents requiring a modified diet received meals similar to their peers that were home cooked with fresh and frozen ingredients.

Residents' weights were monitored and reviewed as part of their general checkups with their GPs. Some residents required specific supports to ensure they maintained a healthy weight.

During the course of the inspection residents received a home cooked dinner which smelt appetizing was cooked with ingredients from the centre's kitchen and feedback from residents indicated they enjoyed it.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management.

Residents' medications were stored securely in the centre. Some residents had been assessed as independent in managing their own medication. A medication assessment had been carried out and was reviewed on at least a yearly basis. This resident's medication was stored in a locked press in their bedroom.

Staff involved in the administration of medications had attended safe administration of

medication training. Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements when observed by the inspector during the inspection.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Medications were dispensed from a local pharmacy. PRN (as required) medications were stored separate to regularly administered daily medications.

Medication was counted and logged when received into the centre and when transferred with a resident during a home visit or if they were going on holiday. This would identify any discrepancies should they occur.

There were also appropriate systems in place for the management and investigation of medication errors and also for the management of out-of-date or spoiled medications.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose required updating to reflect the recently introduced systems for the supervision of staff in the absence of the person in charge.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure

that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence to indicate that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. A competent and knowledgeable person in charge managed the centre. Management systems in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose required some improvement.

The inspector found that the person in charge was a suitably qualified, skilled and experienced. She was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for residents.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by a regional area manager who had responsibility for oversight of a number of designated centres in the area.

In the absence of the person in charge however, there was no person identified with responsibility for the day-to-day management of the centre. While a person participating in management from another designated centre in the Longford area visited the centre to carry out supervision with staff, for example, this arrangement had not been formalised and was not identified on the statement of purpose for the centre.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector reviewed the unannounced visits and the annual review of the centre. This auditing system was however, not entirely effective in improving the quality of care and experience of residents living in the centre as a number of fire safety issues had not been identified on any of the audits carried out. Therefore the provider was not being made aware of risk issues within the centre which they needed to address.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Staff working in the centre demonstrated as competent, compassionate and enthusiastic persons with excellent knowledge of residents' person centred needs and communication styles. Appropriate vetting procedures were in place. Some improvements in staff training to meet residents' needs were required.

Staff working in the centre were supported to meet their continuous professional development needs in order to meet most of the needs of residents. A resident had recently been prescribed modified consistency meals due to a risk of choking. Staff required the necessary skills to be able to manage this health care risk. However, staff had not yet received training in the management of dysphagia (compromised swallowing which can lead to a risk of choking).

There was a planned and actual rota in place. There was one staff available in the centre in the morning and evenings and one sleep over night staff. The person in charge informed the inspector that extra staffing resources could be allocated to the centre if residents wished to go out in the evening or to attend appointments to accommodate the needs of residents from time to time.

However, due to the recent change in some residents' assessed needs the requirement for extra resources in the centre was becoming more frequent and could not always be facilitated resulting in for example, all residents having to go for grocery shopping despite some residents voicing at times they did not wish to go. The provider was required to review the staffing resources for the centre in light of recent changes in the assessed needs for some residents, for example onset of cognitive decline.

At the time of inspection staffing resources were meeting the needs of residents, however, with the recent deterioration of a resident's cognitive health the person in charge and provider were required to monitor the support needs of the resident and resource the centre accordingly. The person in charge informed the inspector that this was an ongoing process.

The person in charge and a team leader from another designated centre, implemented an ongoing supervision and support meeting schedule with all staff. Copies of staff supervision meetings were available for the inspector to review during the inspection. There were no volunteers working in the centre at the time of inspection.

Staff personnel files were not reviewed as part of this inspection however, the inspector did request copies of all staffs' Garda vetting. These were made available to the inspector during the course of the inspection. All staff had received vetting.

Staff working in the centre had received training in key mandatory training such as manual handling, safeguarding vulnerable adults, fire safety training, medication management, management of potential and actual aggression, occupational first aid and risk assessment.

Judgment:

Substantially Compliant

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:

An action from the previous inspection related to some policies being out of date.

The inspector reviewed the provider's actions to address this and found all policies had been updated since the previous 2014 inspection with review dates set within three years of the revised policy being issued.

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:

Ann-Marie O'Neill
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

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|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by RehabCare |
| Centre ID: | OSV-0002668 |
| Date of Inspection: | 07 March 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 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:

Not all personal risks to residents had been identified as required in the Regulations.

1. 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.

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

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

Magnetic door holders have been fitted onto the doors as required. These release when the fire alarm is activated. A social story has been devised to explain to the service users that the magnetic holders need to be utilised rather than putting the wedges under doors and risks attached to the same. All Wedges have been removed from the service.

A section has been added to the local monthly Health & Safety check to observe that door closures are being used correctly. Staff also visually check these on a daily basis when on duty.

Proposed Timescale: 16th March 2017 - Complete

Proposed Timescale: 16/03/2017

Theme: Effective Services

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

While there were good fire safety systems in place the measures in place for the containment of smoke and fire in the centre required improvement.

2. 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:

Builder visited the service on the 5th April reviewing the work required. Costing was supplied by the builder, work is due to commence on May 8th to install fire doors.

Proposed Timescale: 15/05/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required updating to reflect the recently introduced systems for the supervision of staff in the absence of the person in charge

3. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose and function has been updated to reflect the additional PIMM in situ to support the staff.

Proposed Timescale: 24th April 2017 - Complete

Proposed Timescale: 24/04/2017

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:

In the absence of the person in charge, there was no person identified with responsibility for the day to day management of the centre.

This auditing system was not entirely effective in improving the quality of care and experience of residents living in the centre as a number of fire safety issues had not been identified on any of the audits carried out.

4. 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:

Staff are lone workers whom take responsibility for running the shifts on a day to day basis. At all times they have access to the back up support of either the PIC, PPIM or the On Call Manager.

Going forward PIC and PPIM will ensure that all hazards are identified on the Monthly Hazard Inspection and on the Regional Managers Annual Health & Safety Audit.

The unannounced 6 monthly internal audit process will investigate where fire safety related issues have been identified for action and if the appropriate remedial actions have been taken.

Proposed Timescale: 31st March - Complete

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider was required to review the staffing resources for the centre in light of recent changes in assessed needs for some residents, for example onset of cognitive decline.

5. 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:

PIC has reviewed and updated the risk assessments with input from the Behaviour Therapist, Staff Team, Speech & Language Therapist, Regional Manager, Health & Safety Manager and the Clinical Risk Specialist for the company. This identified that additional staff are required due to the changing needs of one service user as result of a recent diagnosis.

The PIC has met with the HSE to identify levels of concern and future planning needed for this individual. The meeting occurred on the 4th April, a proposal was submitted to the HSE regarding additional staffing resources required on the 12th April.

The PIC is in the process of recruiting staff to support this additional need. Interviews are took place on April 25th and 27th, posts will be offered to suitable candidates before May 6th. This recruitment process is expected to be concluded by June 30th.

PIC has sourced agency staff that can provide cover while recruitment process is concluded. This staff member commenced induction on April 30th.

Proposed Timescale: 30/06/2017**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff had not yet received training in the management of dysphagia (compromised swallowing which can lead to a risk of choking).

6. 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:

To date all staff have completed organisation's personal care training, dysphasia is covered as part of this training.

Dysphasia training is scheduled for all staff, due to be completed on the 15th May 2017.

Proposed Timescale: 15/05/2017