

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Logan House
<b>Centre ID:</b>	OSV-0003468
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Rachael Thurlby
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 08 June 2017 09:20 To: 08 June 2017 15:15

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

Outcome 01: Residents Rights, Dignity and Consultation
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 09: Notification of Incidents
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to inspection:

This was the fourth inspection of this centre to monitor compliance with the regulations.

How we gathered our evidence:

As part of the inspection the inspector met with three residents and three staff members, including the person in charge. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. During the inspection residents told the inspector that they were happy living in this centre and that staff were good to them. Staff were also observed interacting with residents in a respectful manner at all times.

Description of the service:

This centre provided residential support services for eight residents in a large city in the west of Ireland. The house was a two storey house situated in a housing estate, located near community facilities, such as shops, a church, and a local shopping centre. The centre provided supported accommodation to eight residents. Each resident had their own bedroom and some lived in self contained apartments within the building.

Overall Judgment of our findings:

The inspector found that while improvement had occurred in the centre, further improvement was required. Nine outcomes were inspected; five were now compliant and four were in moderate non-compliance.

An immediate action was issued to the provider on the day of inspection to the provider and person in charge. The inspector completed a walk around of the centre and found that a fire exit was blocked by a clothes horse. The inspector also found that daily checks of fire exits were not completed and gaps were noted in the records held in the centre. The provider was required to submit information the following day after the inspection, to prevent a reoccurrence.

The provider submitted the required information, with assurance of the steps in place to ensure this practice would not occur again. In addition, fire training was also held in the centre following the inspection, in response to the immediate action.

Findings from the inspection and actions required are outlined in the body of the 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 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector did not review all actions as part of this follow up inspection and focused on the actions identified from the previous inspection.

Action 1: The provider had told the Chief Inspector by the 02 of March 2017:

- the complaint with details of how it was resolved to the satisfaction of the complainant was now recorded on the internal complaints system.
- going forward all complaints will be recorded in line with organisational policy which includes assuring the complaint is not closed off until the complainant expresses their satisfaction with the outcome.
- In addition, there is a complaints box in the service available and a person designated to ensure the box is checked and manager has oversight.

The inspector found that records of the satisfaction of the complainant and the date it was resolved, were now recorded on the complaint. On review of the current complaints log, the inspector noted that this process was completed in line with the policy and procedure of the organisation. The complaints box was now located in a noticeable place in the centre and the allocated staff was aware of their responsibility in relation to bringing these complaints to the person in charge. The person in charge regularly attended the centre as reflected in the roster and was familiar with all current complaints. The inspector also reviewed staff meetings and found that management of complaints was also a recurring item in the agenda.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall the inspector found that the centre provided individualised social care supports as assessed in the personal plans. The inspector was completing a follow up inspection and focused on actions identified from the previous inspection.

Action 4: The provider informed the Chief Inspector by 13 of February 2017: Personal plan has been updated with required date, a copy of the plan was provided to the inspector as of the 13 of February 2017.

The inspector reviewed this personal plan on inspection and found that all required details had been updated in the personal plan. These included the dates of initial assessment and the people who assisted in the assessment. A full comprehensive assessment was in place, that included all relevant multidisciplinary staff (MDT) as required. This plan was also found to have been subject to regular review.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that work had commenced on modifications required for improvement to bathroom facilities; however, work remained outstanding on the installation of specialised equipment require to meet the residents' assessed needs. The inspector also found that the system put in place to ensure cleaning checks had been completed were not being monitored or reviewed by the person in charge.

Action 5: The provider informed the Chief Inspector by 31 of March 2017: The maintenance company will come on site during week beginning 6 March to commence work on remedial actions. A record of attendance by external companies was maintained by the person in charge. While various work had been completed to improve the facilities internally, the inspector noted that stains were still visible on carpets in communal areas. Shower trays had been replaced in two bathrooms with wet room facilities; however, one shower tray was still found to have staining. There were no record of checks in place, as stated by the provider regarding the daily cleaning and monitoring of this apartment.

Action 6: The provider informed the Chief Inspector by 31 March 2017: Required work on bathroom was completed on 17/02/2017, outstanding item is currently being sourced from another country and will be fitted in the service.

The inspector found that improvements were made to some shower area facilities regarding the maintenance and cleaning of equipment in place. However, the required work for modifications to a bathroom remained outstanding. The inspector saw that the work had not been completed and found that the person in charge was awaiting the required equipment to be purchased from another country.

Action 7: The provider informed the Chief Inspector by 13 of January 2017: all non medical items have been removed from the medication cabinet and are stored in a separate locked cabinet.

The inspector reviewed all medication storage in place in the centre and found that items were now stored appropriately.

Action 8: The provider informed the Chief Inspector by 08 of March 2017:

- since the inspection a checklist for team leaders has been developed to ensure more efficient monitoring of the service. Person in charge carries out spot checks of the premises on a regular basis.
- There is a cleaning rota in place to maintain good hygiene practice. This was discussed with staff team on 13 of February 2017.
- Since the inspection, residents have been advised in relation to better storage options for mops and reminded to contact staff should they need additional assistance.
- At the next house meeting 08 of March 2017, residents will be consulted regarding the decorating of their home. It will now be a rolling item on the agenda for all keyworker meetings, house meetings and team meetings.

The inspector found that there was a cleaning rota in place; however, it was also noted that daily tasks were not always signed and there was no system in place to ensure jobs were allocated and completed as identified. The person in charge had failed to ensure that effective monitoring of cleaning tasks were in place in the centre.

The storage of cleaning products had improved. There was no evidence of the spot checks that the person in charge had completed since the last inspection. There were no audits in place to review cleaning practice and to promote the health and safety of all residents, staff and visitors to the centre. Staff meetings were reviewed and the inspector noted that there had been discussion about the management of hygiene in the centre; however, this was not consistent in every house meeting, as reviewed by the inspector.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector reviewed the three actions identified from the previous inspection. Overall the inspector found that the actions were partially completed. As part of this process, a walk around of the entire centre was completed.

An immediate action was issued to the provider to ensure that fire exits remained clear. The inspector found that a clothes horse had been positioned against a fire exit door, which opened inwards and blocking an fire escape route from the centre. The provider was required to take immediate action to ensure that fire exit doors were remained clear in the centre on an on-going basis. The provider responded within the required timeframe giving assurances to the inspector that this would not re-occur. In addition, fire training was provided to staff the week after the inspection.

The inspector found on this inspection that some of the actions had been completed. Fire drills were completed with learning evident and issues regarding access clearly documented. All (PEEPs) were updated and records of support and equipment residents required and any learning clearly documented. The risk register had been reviewed: however, the inspector noted that no risk assessment was in place regarding the use and storage of a condenser dryer in place in a cupboard in the hall. The person in charge was able to outline all the controls in place to mitigate the risk, such as a heat



detector, fire doors and appropriate usage and cleaning of the lint; however, this was not clearly outlined in the risk assessments completed in the centre. The restrictive practices identified during the previous inspection were no longer in place as the person in charge had ensured that all residents were aware of the fire policy of the centre.

During the last inspection concerns were identified in the management of infection control procedures in the centre. The inspector found that this action had been partially implemented. While the provider had introduced a system for checking the completion of weekly infection control tasks, the inspector found gaps in the completion of these and the absence of any monitoring of this by the team leaders or person in charge. The shower facilities were not reviewed in all areas of the centre, the inspector found that a shower tray was discoloured and rust was evident on the shower tray. The person in charge did not ensure that effective cleaning systems were in place in all areas of the centre. While there was evidence that discussion about cleaning routines was now occurring, the inspector noted that the person in charge had failed to highlight the gaps that were occurring in the cleaning records in the centre.

The inspector found that a review of the safety documentation had been completed since the last inspection. The safety procedures reflected that management structure in place in the centre. In addition, the contingency plan did contain all of the information as set out by the person in charge. This included management plans in place in the event of flooding, fire and power failure. Staff were allocated with the responsibility of the management of the health and safety of the centre, in addition, safety checks were completed for transport provided in the centre.

**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):**

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

**Findings:**

Overall the inspector found that there were policy's and procedures in place for the prevention and detection of abuse in the centre. However, the action that was identified

from the previous inspection was not addressed within the required timeframe submitted. The inspector noted that not all staff, including the person in charge, had completed training in the management and prevention of behaviour that challenges.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

Overall, the inspector found that all notifications were submitted to HIQA within the required timeframes. In addition, changes in management in the centre were submitted in relevant notifications. The inspector reviewed records maintained and found that they reflected, the incidents recorded in the centre.

**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):**

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

**Findings:**

The inspector did not look at all aspects of this outcome during this inspection but focused on the actions identified from the previous inspection.

The inspector reviewed the medication facilities and found that no inappropriate items were stored and that all medication was contained in individualised containers. Overall, the medication facilities were well managed, the person in charge and team leaders

ensured that all medication was reviewed on a regular basis, and ordered when required.

**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):**

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

**Findings:**

Overall, the inspector found that while improvement had occurred in the centre, further improvements were required to the governance and management of the centre. The inspector reviewed outcomes identified from the previous report and found that some actions were not fully addressed; such as, training, maintenance of premises and risk management practice.

The inspector found that although the provider had completed several audits including an annual review, the six monthly provider unannounced visit, fire safety management, risk management, and infection control. They did not adequately identify the risks in the centre, in addition, risks that had been identified were not being sufficiently addressed by the person in charge.

The health and safety documentation was reviewed and the inspector found that the person in charge had ensured that staff were allocated tasks to ensure monitoring of the health and safety provided in the centre, such as the vehicle checks were completed, a health and safety statement was also completed which reflected the current management structure.

**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):**

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

**Findings:**

The inspector found that the actions from the previous inspection had not been addressed, as required. There were two actions regarding training needs and staff files.

On the previous inspection, the inspector found that gaps were evident in staff files regarding work history and training records. The inspector reviewed five staff files, including the person in charge's and a new member of staff. The inspector found that there was improvement in all files reviewed and they met the requirements of schedule two.

The inspector reviewed training records and found that the records did not contain evidence of fire training completed by staff in the centre. After the inspection, the person in charge submitted a record of all staff that had completed fire training, which also included the person in charge. Manual handling training was not fully completed by all staff working in the centre. In addition, staff had not completed training in hand hygiene.

**Judgment:**

Non Compliant - Moderate

**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:**

Catherine Glynn  
Inspector of Social Services



# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0003468
<b>Date of Inspection:</b>	08 June 2017
<b>Date of response:</b>	18 July 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 06: Safe and suitable premises

**Theme:** Effective Services

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

The provider failed to ensure that facilities were provided for all residents in the designated centre:

- modifications were not completed in the bathroom facilities for residents.
- no time frame for completion was recorded for when these actions would be resolved.

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

- not all shower areas had been reviewed or received a thorough clean.

**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 renovation of the bathroom was completed in February 2017. Additional adjustment regarding toilet backrest made by the consultant Occupation Therapist was outsourced and the maintenance company have been contracted to make the back rest as no standard backrest was suitable. That will be completed by 31.7.17

A new cleaning rota is in place in the service to allow for more efficient maintenance and monitoring of the premises.

The PIC and PPIM will ensure periodic checks take place in the premises; the PIC and PPIMs to sign the documentation.

**Proposed Timescale:** 31/07/2017

**Theme:** Effective Services

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

The provider had failed to ensure that the maintenance and monitoring of the centre were addressed within the timeframes submitted.

- A comprehensive environmental health and safety check was not completed.
- Carpets were not cleaned in communal areas and were stained, with damage evident.
- checks of daily work completed were not managed effectively and no evidence of monitoring by the person in charge on the records reflecting weekly cleaning tasks.

**2. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The environmental Health and safety audit will be completed through

- PIC will organizing property department to investigate the condition of the building
- H&S Manager audited the service on 6.6.17, and the actions for the report will be completed by 31.7.17
- On a monthly basis a Monthly Hazard Check is completed by the Safety Rep., areas for action are identified and actioned as part of the process. The PIC has responsibility for overseeing this process.
- The Integrated Services Manager has responsibility for conducting an Annual Health & Safety Audit, actions are identified and agreed with the PIC.

- A new cleaning rota is in place in the service to allow for more efficient maintenance and monitoring of the premises.
- The PIC and PPIM will ensure periodic checks take place in the premises; the PIC and PPIMs to sign the documentation.
- Deep cleaning company contracted to clean the carpets in the service 26.06.17 The damaged carpets to be replaced 08.07.17

**Proposed Timescale:** 08/07/2017

**Theme:** Effective Services

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

The provider had failed to ensure there were systems and review in place to ensure that the centre was clean.

**3. Action Required:**

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

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

- A new cleaning rota is in place in the service to allow for more efficient maintenance and monitoring of the premises.
- The PIC and PPIM will ensure periodic checks take place in the premises; the PIC and PPIMs to sign the documentation.

Proposed Timescale: completed 26.06.17

**Proposed Timescale:** 26/06/2017

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

**Theme:** Effective Services

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

The provider had failed to ensure that a comprehensive review of all risks evident in the centre were documented, with controls and measures in place to mitigate the risks identified.

**4. 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 clothes horse has been removed from the premises.



- Appropriate signage to keep the corridors clear of obstruction has been put in place.
- PPIM to check the fire log on a daily basis to ensure the checklist is signed, dated and adhered to by staff.
- The risk assessment is in place.
- Weekly and monthly hazard inspections are in place as per the organisation's Health and Safety Statement.
- Health and Safety and Risk policy and procedures will be reviewed by the staff team as a standing agenda item at team meetings.
- Current maintenance contract arrangements will be reviewed to ensure there is an appropriate system in place to manage emergency requirements.

Proposed Timescale: Completed

**Proposed Timescale:** 06/07/2017

**Theme:** Effective Services

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

The provider had failed to ensure that improvements were made to the infection control procedures in the centre.

**5. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- A comprehensive cleaning rota is in place and the PIC and PPIM will continue to carry out regular spot-checks of the premises.
- A house meeting with all of the tenants took place to agree the support they required to maintain cleanness in their accommodation.
- Infection control and hygiene is a rolling item on the agenda for team and house meetings.
- The Hand Hygiene training was completed by all staff

Proposed Timescale: Completed

**Proposed Timescale:** 06/07/2017

**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:**

The person in charge had failed to ensure that all staff completed training in positive

behaviour support in the centre.

**6. 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:**

PIC will complete the MAPA training in first week of July 2017

Proposed Timescale: Completed

**Proposed Timescale:** 06/07/2017

**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 failed to ensure the management systems are effective in the centre.

**7. 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:**

- A check list is in place for the PIC to effectively monitor the governance of the service
- PIC records the spot checks that are carried in the service and reviews and signs the cleaning rotas and fire fact file.

Proposed Timescale: Completed

**Proposed Timescale:** 06/07/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge had not ensured that all staff had completed mandatory training as required.

**8. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

appropriate training, including refresher training, as part of a continuous professional development programme.

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

- All staff will have completed the MAPA training refresher on 15.06.17
- All staff will have completed the Manual Handling on 08.06.17
- PIC will complete the MAPA training on 06.07.17 and Manual Training on 14.07.17
- PIC will try to access Safeguarding training in July but if not possible is booked on Safeguarding training on 23.08.17

**Proposed Timescale:** 23/08/2017