

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bethel House - Sonas Residential Service
Centre ID:	OSV-0003728
Centre county:	Dublin 16
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara & Thomas Hogan
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	3

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 April 2017 08:00 To: 19 April 2017 16:00

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

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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre. It was HIQA's fourth inspection of this centre and was completed over one day by three inspectors. The required actions from the centre's previous inspection in October 2016 were also followed up as part of this inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, care staff, a centre volunteer, the person in charge and the provider nominee. Additionally, in assessing the quality of care and support provided to residents, the inspectors spoke with two residents and spent time observing staff interactions with residents.

The questionnaires completed by residents' family members also provided the inspectors with information and feedback on the quality of the care and support provided in the centre. The inspectors observed that residents appeared relaxed and

contented in their home and this finding was endorsed in all the questionnaires reviewed. Family satisfaction with the service provided to their relative was also evident in the centre's annual review for 2016.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was situated within a campus based setting in a suburban area. Activation and recreational facilities, advocacy and religious services were available to the residents within the campus. There was also a canteen facility available on site to residents and their visitors.

The centre was opened in 2001 to provide specialist nursing care, convalescence and palliative care to residents. The aims included the provision of individualised care which promoted the best quality of life for each individual, promoting independence while providing a supportive and safe environment, involving residents in their care, encouraging family contact and offering a range of meaningful and age appropriate activities to residents.

There was capacity for 11 residents in the centre and on the day of inspection it was home to eight ladies over 18 years of age.

Overall judgment of our findings

Ten outcomes were inspected against and overall the inspectors observed an improvement in the level of regulatory compliance since the previous inspection. Nine of the ten outcomes assessed were found to be in full or substantial compliance with the regulations. This included residents' healthcare needs, safeguarding and safety needs. Also, subsequent to improvements in its self monitoring systems the centre's governance and management was found to be in compliance. The supporting of residents' social care needs had improved since the previous inspection but progress needed to continue, particularly for some residents that were not currently requiring palliative care.

The inspectors observed that, as on the previous inspection significant improvement was still required with the centre's medication management system and this was highlighted at the inspection feedback meeting.

These findings along with others are further outlined in the body of the report and the action plan at the end.

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):

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

Findings:

Overall, it was found that the wellbeing and welfare of residents was supported in the centre with their needs outlined through personal plans. The inspectors found that progress had been made in the area of social care needs within the centre. Assessments were completed for residents in the areas of health, personal and social care needs with support plans in place in accessible formats. Residents and their representatives were involved in the personal planning process and some multidisciplinary team input was also noted by the inspectors.

While personal plans were completed for each resident, some residents' social care plans were ambiguous, a little limited in scope and implementation. Social care supports tended to be centre based and community presence for some residents required further development. This was discussed with the person in charge and service provider at the feedback meeting who acknowledged that this was a work in progress. The inspectors noted that progress was made for some other residents since the last inspection with a care plan audit completed.

On the day prior to the inspection, one resident had moved back to their original residential home after a period of convalescence in the centre. Documentation around this process was reviewed by the inspectors and it was found that the wishes of the resident and their family were respected post a period of discussions and consultation. There was evidence of multidisciplinary input into this transition and the process was comprehensively documented .

Judgment:

Substantially 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:

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff.

The centre had a health and safety statement in place and completed weekly health and safety walkabouts. From a review of the health and safety walkabouts, it was evident that the issues identified were addressed in a timely manner.

There was a risk management policy in place which contained the four specified risks as per Regulation 26. The centre maintained a risk register which outlined a number of risks and the controls in place to mitigate the risk. However, the inspectors found some improvement was required in appropriately assessing risk as several risks were not rated. The risks outlined in the risk register included slips, trips & falls, medications and fire. In addition, there were individual risk assessments in place for manual handling, behaviour and fire.

There were systems in place for the prevention and management of fire. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a prominent place. Personal Emergency Evacuation Plans (PEEPS) were in place for each resident. The centre completed regular fire drills and inspectors reviewed the record of these drills. An evacuation occurred on the day of inspection and inspectors observed all residents being evacuated in a timely manner. Staff spoken with were able to tell inspectors what to do in the event of a fire.

The centre had prevention, and control of infection procedures in place and had household staff employed in the centre. Overall, the inspectors found the premises to be clean and well kept. Inspectors observed that personal protective equipment and hand gels were available in the centre.

Judgment:

Substantially Compliant

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):

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

Findings:

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. The centre promoted a restrictive free environment for residents.

The inspectors found that there were systems available in the centre for responding to incidents, allegations and suspicions of abuse and to safeguard residents. This included the highlighting and risk assessing of any unexplained bruising with residents. Personal and intimate care plans were present to inform and guide staff practices with residents.

Residents were observed to be, and informed the inspectors that they were happy in their home. Families were very complimentary of the service provided, including the ensuring of their relatives' safety needs. Staff interactions with residents were observed to be very person centred.

In general, the inspectors observed that a restrictive free environment was promoted for residents. Due process and relevant safeguarding measures were noted to underpin the usage of mechanical restraints. Since the last inspection an identified staff member was responsible for ensuring that restrictive practice reviews occurred within the required regulatory timeframe.

The centre had the policies as required by regulation in place.

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:

Overall, the inspectors found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents healthcare needs were observed to be promptly identified, assessed and reviewed with correlating plans available to inform staff practices. Residents received support at times of illness and at the end of their lives which meet their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

The centre had links with, and was supported by a community palliative care service. The inspector observed that there was a suite of documentation available to inform and guide staff practices in this specialist area.

Residents were supported by members of the multidisciplinary team which included physiotherapy, occupational therapy, psychiatry and clinical nurse specialists. Access to allied services such as neurology, oncology clinics and dermatology was also facilitated.

Residents were noted to be supported by a general practitioner of their choice who was available to them in the centre from Monday to Friday. If and when residents required it, a community out of hours medical service was accessed.

Residents food and nutrition needs were identified assessed and individually supported. Additionally, a speech and language therapist and dietician reviewed and supported residents' nutritional needs. Specialised dietary requirements of residents were also facilitated. The inspectors noted that there was a policy on nutritional intake to inform centre practices.

Residents' preferences were accommodated in menu planning with choice also facilitated at the actual meal time. Snacks and drinks were provided to residents outside of the mealtimes. The inspectors observed that the mealtimes were a positive, relaxed, social event with residents supported as appropriate.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

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

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

Findings:

Overall, the inspectors found that residents were protected by the designated centre's policies and procedures for medicines management. Operational policies were in place relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored appropriately and medication records were kept in a safe and accessible place. However, the inspectors found that improvements were required in the areas of disposal of spoiled medicines, administering medicines within the prescribed timeframe, and planning for and responding to incidents where medications were refused by residents.

Staff administering medicines were very gentle in their approach and explained the purpose of each medicine to the residents. However, some residents were administered medicine outside the timeframe for which it was prescribed. This matter was brought to the attention of the Service Provider on the previous inspection. When reviewing one resident's file who had earlier refused medicines, it was found that there was no support plan in place as per the centre's policy. Entries in the daily notes were also not made for some previous incidents of refusal by the resident as required by the centre's policy.

General medication plans were completed in accessible format for each resident and were informative, concise and informed practice.

Two incidents where medicine fell to the floor were observed by inspectors. On one of these occasions the spoiled medication was disposed of in a sharps clinical waste container, while on the second occasion the spoiled medicine was disposed of in the general waste. On the first occasion the staff member completed a "discarded medication book", however, this was not completed on the second occasion and no subsequent incident form was completed for either occurrence.

The inspectors found that assessments had been completed for the self administration of medicines by residents in the centre.

There were systems in place for reviewing and monitoring medicines management practices. The inspectors viewed audits of medicine refusals and also of records of administration which were completed in January 2016, August 2016 and April 2017.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in

the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors found that the statement of purpose was available in the centre and described the services provided and met the majority of the requirements of the regulations, however, it required improvement in some areas. The number, age range and gender of residents was not clear, while, details of therapeutic techniques used in the designated centre and arrangements made for their supervision was absent from the document.

The capacity of the centre with regards to the provision of respite and non-palliative related care for residents was not clearly outlined in the statement of purpose. This was discussed at the inspection feedback meeting.

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):

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

Findings:

Overall, the inspectors found that the centre had management systems in place that supported and promoted the delivery of safe, quality care services. There was a clearly defined management structure with clear lines of authority and accountability. The centre was managed by a person in charge (PIC) who was involved in the governance and management of the centre.

In general, the centre's management systems were observed to provide oversight and accountability for the quality and safety of care provided to residents. Self-monitoring systems were observed to be utilised to identify and inform the centre's improvement processes. Subsequently action plans were developed to inform and drive change. These systems included the six monthly visits by the provider nominee and the centre's annual review process. Residents and their families were noted to have participated in the annual review for 2016. Auditing was also employed in the centre, for example, in the review of care planning.

The inspectors observed that there were meeting structures in situ to facilitate communication between the PIC, clinical nurse manager 1, the clinical nurse manager 3 who had particular responsibility for the centre and the provider nominee. Additionally, since the previous inspection there was now more formalised arrangements in place to ensure that all staff exercise their personal and professional responsibility for the quality and safety of the service that they deliver. The PIC was noted to have staff meetings with both day and night staff and to also work alongside his team members.

The inspectors observed that the PIC was involved in the governance, operational management and administration of the centre. He demonstrated knowledge of legislation and his responsibilities and was noted to be committed to his professional development. The PIC was clearly identifiable to residents and staff.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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

Findings:

The inspectors observed that since the previous inspection there was improvement regarding residents access to suitable transport. Residents were noted to share a wheelchair accessible bus with another campus based centre. Additionally, the provider nominee was in the negotiation process of exchanging the centre's car for a smaller vehicle that would be in keeping with residents' assessed needs.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Overall, inspectors found that there was an adequate number of staff to meet the needs of the number of residents present at the time of inspection, and to deliver a safe service. However, some improvement was required in the area of staff training.

There was a staff rota in place and a planned and actual rota was maintained. The inspectors reviewed rosters for a three week period including the week of the inspection which demonstrated that there was an appropriate staffing level to meet the assessed needs of the residents in the centre. Staff were observed to be familiar with residents and were caring and respectful throughout the inspection.

The inspectors found that staff were supervised appropriately to their roles through staff meetings, the person in charge working directly with staff on both the day and night shifts and annual appraisals.

The inspectors reviewed a sample of staff training and found that not all staff had up to date training in manual handling, behaviour management and safeguarding. This had been identified by the person in charge and the centre was in the process of ensuring all staff had up to date training.

The recruitment of staff was managed centrally by the human resource department of the organisation. The inspectors reviewed staff files after the inspection and found that the staff files met the requirements of Schedule 2.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that one of the centre's health and safety related policies was in draft format. The provider nominee noted that it was due to be finalised and then made available to inform staff practices.

All aspects of this outcome were not assessed.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Thompson
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003728
Date of Inspection:	19 April 2017
Date of response:	07 June 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:

Some residents' assessed social care needs were not being fully met.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

The team acknowledged that community presence of non-palliative residents required further development. A person centred plan meeting calendar has been set up for the individual resident to meet with their key workers, family and the resident's circle of friends. The aim of this person centred plan meeting is to discuss the resident's wishes and aspiration and to plan further the community involvement where appropriate and possible for the resident. This is a work in progress.

Proposed Timescale: 15/07/2017

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:

Several risks were not rated as required.

2. 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 team acknowledged the improvements required on risk assessments. Several risk assessments were not rated. The team has reviewed the risk assessments and start working on rating the risk assessments appropriately.

Proposed Timescale: 20/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Spoiled medicines were disposed of and recorded inappropriately.

3. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The team had put in place a practice for the disposal of spoiled medications during drug rounds. A clinical waste bag has been added to the drugs trolley for the disposal of spoiled medications and a record book has been maintained. The spoiled medications will be disposed in the clinical waste bin at the end of the drugs round as per medication administration policy.

Proposed Timescale: Completed

Proposed Timescale: 07/06/2017

Theme: Health and Development

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

The time of administration of a medicine to residents was outside of the stipulated timeframe and there was no support plan in place to support a resident when refusing medication.

4. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The team highlighted the morning medication administration time to the attention of the GP and the psychiatrist. The time of morning administration has been reviewed and modified by the GP and Psychiatrist to allow more time for medication administration in the morning.

The team has also completed a support plan for one resident who had refused medication at the time of the inspection and highlighted the support required when medication is refused.

Proposed Timescale: Completed

Proposed Timescale: 07/06/2017

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:

As outlined in the body of the report, the statement of purpose did not contain all of the

information as required by schedule 1.

5. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The person in charge acknowledged that some improvement is needed in the statement of purpose as required by schedule 1. The number, age range, gender of residents, care and support and supervision was absent in the document. The centre statement of purpose is also currently being reviewed in conjunction with the management to clearly outline the capacity of the centre with regards to the provision of respite and non-palliative related care of residents. This is in progress.

Proposed Timescale: 20/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had up to date mandatory training as outlined in the report.

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:

The person in charge had identified the mandatory training required by the staff to the training department and forwarded all names due for training. The service-training Department has scheduled the staff training as per the training calendar 2017. Some staff has now been scheduled for the training.

Proposed Timescale: Completed

Proposed Timescale: 07/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The centre' s missing person's policy was in draft format.

7. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The centre's missing person policy is now up in final version. A copy of the final version of the policy has been forwarded to HIQA for assessment.

Proposed Timescale: Completed

Proposed Timescale: 07/06/2017