

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hazelwood Services
<b>Centre ID:</b>	OSV-0004938
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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 compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
24 November 2016 09:00	24 November 2016 09:50
28 November 2016 08:55	28 November 2016 17:45

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

Outcome 04: Admissions and Contract for the Provision of Services
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 11. Healthcare Needs
Outcome 12. Medication Management
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 an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. The designated centre is part of the service provided by the Brothers of Charity in Galway. The centre provided a full-time seven day residential services to adults with an intellectual disability.

How we gathered our evidence:

The inspection was carried out over two days as the first day was curtailed due to a resident's behaviour of concern. During the inspection over the two days, the inspector met with three residents. Due to residents' community activities and behaviour management protocols, the inspector was unable to ask residents how they felt about the centre. The inspector however observed residents being supported, in line with their needs and with respect and dignity, by staff throughout the inspection.

The inspector met with two staff members. The inspector spoke with staff about the residents' needs and the operational management of the centre, as well as observing

care practices. The inspector reviewed documentation such as personal care plans, medical records, risk assessments, policies and procedures and staff training records.

Furthermore, the inspector interviewed the person in charge in relation to the needs of residents and management of the centre.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided, and was reflective of the centre. The centre comprised of a dormer bungalow and separate apartment located in county Galway.

The dormer bungalow accommodated two residents, with the separate apartment supporting one resident. At the time of inspection there was one vacancy at the centre.

#### Overall Findings:

The inspector found that residents had a good quality of life at the centre, reflective of their assessed needs. Residents were supported to access a range of home and community based activities and achieve identified personal goals. Staff were knowledgeable of the residents' needs and consistent in their approach to the management of behaviours of concern. The inspector further found that the governance arrangements at the centre were effective and supportive of both the needs of residents and staff.

#### Summary of regulatory compliance:

The centre was inspected against ten outcomes. The inspector found compliance in four out of ten outcomes inspected in relation to healthcare, medication management, governance arrangements and centre policies. The inspector found moderate non-compliance in three outcomes relating to resident's contracts of care, social care needs and staff training. Substantial compliance was found in three outcomes relating to the centre's premise, fire safety, safeguarding and positive behaviour management.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**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 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Contracts of care did not include total charges for the centre.

The inspector did not focus on all aspects of this outcome. The inspector reviewed a sample of residents' contracts of care. Contracts were signed by the resident or their representative and the provider, but did not include the total charges to residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that personal plans supported residents' needs and personal goals.

Residents had up-to-date personal plans based on a comprehensive assessment of their needs. Personal plans included areas of support such as independent living skills, diet and nutrition, communication and community activities. The inspector found that personal plans were reflective of staff knowledge and observed practices during the inspection. The inspector however found that personal plans were not available to residents at the centre in an accessible format.

Personal plans incorporated residents' personal goals. Goals included support to develop independent living skills and accessing social activities in the community. Overall, the inspector found that personal goals were clearly described including steps to achieve these, named staff support and timeframes, although this was not consistent in all documentation sampled.

The inspector found that personal plans were reviewed annually with the involvement of both multi-disciplinary professionals and family representation. In addition, the inspector saw evidence of more frequent reviews being held due to the changing needs of residents, particularly in regards behaviours of concern. The inspector examined review documentation and found that not all residents had participated in their review meetings.

The inspector sampled residents' daily care notes and activity records. The inspector found that residents accessed a diverse range of home and community-based activities, although examples were found where goal based activities had not occurred, for example regular weekly swimming sessions.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre's design reflected residents' needs.

The centre comprised of a dormer bungalow and a separate apartment located close to

a local town.

The dormer bungalow consisted of a kitchen, utility room, sitting room, two bedrooms (one with an ensuite bathroom) and a communal bathroom on the ground floor. Upstairs was used by staff at the centre and comprised of a bedroom with ensuite bathroom, staff bathroom and staff office, with other rooms and space used for storage at the time of the inspection. The inspector found the bungalow was in a good state of repair, although there was evidence of general wear and tear to paintwork in communal areas.

The apartment comprised of a kitchen with dining and living space, a separate sitting room and a bedroom with an ensuite bathroom. The inspector found the apartment to be reflective of the resident's needs. The inspector observed some examples of paintwork in communal areas which showed the effects of general wear and tear. In addition, the inspector observed that kitchen cupboard doors were missing and the window in the door to the upstairs of the bungalow was broken and had not been repaired or made safe.

**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:**

The centre had systems in place to ensure resident safety.

The centre's risk register outlined risks relating to residents and the layout of the centre. The inspector found risk assessments were regularly reviewed and reflected staff knowledge.

The inspector reviewed the centre's accident and incident records. The inspector saw that accident and incident records were discussed in staff team meetings. In addition resident risk assessments and behaviour support plans were reviewed following incidents of concern at the centre.

Infection control measures observed by the inspector were in line with residents' needs and the centre's infection control policy.

Fire equipment was regularly checked by staff and serviced by an external contractor.

Fire safety equipment at the centre included a fire alarm, fire doors, smoke alarms, emergency lighting and fire extinguishers. A standalone fire alarm system was in place in the two premises, although staff were alerted in the event of a fire in the apartment by an alarm located in the bungalow's kitchen dining room.

Staff knowledge was reflective of the centre's fire evacuation plan, although a review of staff training records by the inspector found that not all staff had up-to-date fire safety training.

The centre's had an accessible evacuation plan which was displayed prominently throughout the centre and was reflective of staff knowledge.

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

Fire drills were conducted regularly at both the bungalow and apartment at a range of times and under minimal staffing conditions to ensure their effectiveness.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre ensured residents were safe and support was in line with their assessed needs.

The centre had an up-to-date policy of the prevention, detection and response to allegations of abuse, information on the policy was displayed prominently at the centre. Staff demonstrated an understanding of what constituted abuse and described actions they would take if allegations of abuse were disclosed or suspected, however a review of staff training records showed that not all staff had received up-to-date training.

The inspector reviewed incident records at the centre. The inspector found evidence of



safeguarding concerns being referred to the provider's designated safeguarding officer. The inspector reviewed preliminary screening and safeguarding plans and found them to be reflective of residents' needs, staff knowledge and the provider's policy.

The inspector observed staff working in a respectful manner with residents and in accordance with their needs as identified in sampled personal plans.

The centre had an up-to-date policy on positive behaviour management. The inspector reviewed residents' behaviour support plans which clearly described the behaviour of concern and both proactive and reactive support strategies, including the use of de-escalation and distraction techniques. The inspector found that behaviour support plans were developed in conjunction with a named behavioural specialist and regularly reviewed and updated after incidents of concern.

Staff knowledge was reflective of behaviour support plans in place reviewed by the inspector, although training records showed that not all staff had received positive behaviour management training.

The inspector reviewed the centre's restrictive practices register. All practices operated at the centre were approved by the provider's Human Rights Committee and regularly reviewed with multi-disciplinary input. Documents reviewed by the inspector showed that restrictive practices were used only as a last resort and were the least restrictive option available to meet the needs of the resident.

**Judgment:**

Substantially 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:**

Residents had access to a range of allied healthcare professionals in line with their needs.

The inspector reviewed daily care notes and medical appointment records which showed residents had timely access to allied healthcare professionals reflective of their needs such as General Practitioners (GPs), dieticians, opticians and dentists. Personal plans had been updated following healthcare recommendations such as following occupational therapy and speech and language therapy assessments

The inspector found that residents had regular annual health reviews with their General Practitioner (GP).

The inspector reviewed food records at the centre which showed that a varied and nutritious menu was provided. Residents were supported to make choices on meals. The inspector found that where residents were non-verbal, they were supported to make choices through the use of pictures and objects of reference.

The inspector examined daily care notes and activity records and found that residents were supported to participate in both food shopping and meal preparation at the centre dependent on their abilities. Residents' involvement was further reflected in discussions with staff.

Personal plans reflected residents' dietary needs such as healthy eating, which were reflective of dietician's recommendations observed by the inspector.

**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:**

Medication practices at the centre were reflective of the provider's policy.

The inspector reviewed the centre's medication management arrangements which were in line with the provider's organisational policy. Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets showed the medication prescribed for the person, the dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident and medication was given, in accordance with the prescribed times, to the resident. Staff signed when they had administered medication in the administration records for each resident.

A staff signature bank was maintained for all staff qualified to administer medication at the centre.

The inspector found protocols were in place for the administration of emergency

epilepsy medication and behaviour management medications. Protocols were regularly reviewed and updated following the recommendations of resident's General Practitioners and named psychiatrists.

Medication was kept in a secure cabinet, with out-of-date medication stored separately prior to return for disposal at a local pharmacy.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre's governance and management ensured residents were kept safe and their needs supported.

The centre's management structure was reflective of both the centre's statement of purpose and staff knowledge.

The person in charge was full-time and was responsible for the centre along with three further designated centres in the local area. The person in charge was suitably qualified and knowledgeable of residents' needs. Furthermore, the inspector found the person in charge had a clear understanding of their role's regulatory requirements. The person in charge had a regular presence at the centre which was reflected in discussions with staff and records, such as team meeting minutes examined.

Staff told the inspector that they found the person in charge to be both approachable and responsive to their needs.

The inspector reviewed systems used to ensure the effective governance and management of the centre which included risk registers, fire safety and accident and incident records. The inspector found management systems in place were effective and ensured the centre operated safely, and support was provided to residents in line with their assessed needs.

Six monthly unannounced visits were completed at the centre by the provider. The inspector examined the visit reports which were comprehensive and identified areas for improvement in line with the provider's policies and regulation. Unannounced visit reports were available at the centre.

The inspector examined the annual review of care and support at the centre which was completed by the person in charge. The review was detailed and included a review of the centre's compliance with regulation as well as complaints received, resident satisfaction and accidents and incidents. The annual review of care and support was available at the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

Staff were knowledgeable on residents' needs.

The centre had both a planned and actual roster which reflected staff on duty at the time of inspection. The inspector found that staffing was reflective of residents' needs based on a review of the centre's rota, residents' personal plans, daily care notes, activity records and observation of staff practices on the day of inspection.

The inspector observed residents receiving respectful and timely support from staff throughout the inspection.

Staff accessed both mandatory and resident-related training, although a review of staff training by the inspector showed that not all staff had received up-to-date training in the following areas:

- Fire Safety
- Manual Handling
- Personal Outcomes

The inspector further found that not all staff had up-to-date training in positive behaviour management and safeguarding of vulnerable adults which is referenced under outcome 8 of the report.

Staff informed the inspector that they attended team meetings chaired by the person in charge and records reviewed showed discussions on resident needs, staff training and organisational policy. Staff told the inspector that they enjoyed working at the centre and felt supported by the person in charge and team leader. Furthermore, staff told the inspector that they were able to express any concerns they had about the centre either directly to management or through regular team meetings.

Staff knowledge on regulatory requirements such as notifiable events was proportionate to their roles and responsibilities.

The person in charge provided formal supervision to the Team Leader at the designated centre which was reflected in discussions with staff and documentation reviewed.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

Policies reviewed were up-to-date and in accordance with schedule 5 of the regulations.

The inspector did not review all aspects of the outcome, focusing on progress made to address the findings of the previous inspection.

Following the previous inspection, the provider's policy on residents' finances had been updated. In addition, the centre's risk management policy had been reviewed and included risks identified under regulation.

<b>Judgment:</b> 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:***

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

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004938
<b>Date of Inspection:</b>	24 and 28 November 2016
<b>Date of response:</b>	06 January 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Contracts of care did not include total charges payable by residents.

#### 1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Contracts of Care will be reviewed to reflect the fees charged to residents.

**Proposed Timescale:** 01/02/2017

**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:**

Residents did not consistently attend or participate in their annual reviews.

**2. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Further Training will be provided by the Quality Enhancement and Development Department to promote the full participation of service users and/or their representative regarding their personal plan development and review. The manager will ensure that participation of service users in all reviews and decisions around their support needs is fully documented.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Personal plans were not available to residents in an accessible format.

**3. Action Required:**

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

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

Further Training will be provided by the Quality Enhancement and Development Department to encourage key workers to develop accessible plans. The Manager will ensure that all new plans in 2017 will include an easy read version to meet resident's needs.



**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Residents goals did not consistently include named staff support and agreed timescales.

**4. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

A review meeting is scheduled for all key workers with the Quality Enhancement and Development Department to review the goals and to ensure that appropriate time frames are specified and to ensure that there is a named person taking responsibility for each goal. Refresher training regarding how to develop SMART goals will be carried out with the staff team by QED.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Residents' activities had not occurred as outlined in their personal plans.

**5. Action Required:**

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

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

A review meeting is scheduled for all key workers with the Quality Enhancement and Development Department to review the goals and to ensure that goals outlined are realistic and achievable within the time outlined. The manager will ensure that residents are supported to achieve their goals and reviewed where appropriate to outline perceived and actual barriers on a regular basis. A clear review system will be set up to review all personal plans.

**Proposed Timescale:** 28/02/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Both the dormer bungalow and apartment showed evidence of general wear and tear;

- Paintwork
- Missing kitchen cupboard doors
- Broken door window

**6. 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:**

Repair work has been planned for the property including replacing the back door, painting of the interior where required and repairing kitchen cabinets.

**Proposed Timescale:** 31/03/2017

**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:**

Staff at the centre had not all received fire safety training.

**7. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff will be facilitated to attend Fire Safety Training in January.

**Proposed Timescale:** 31/01/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Staff had not all received positive behaviour management training at the centre.

**8. 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:**

Positive Behaviour Support training and Studio 111 training has been put in place by the organisation for 2017. Staff will be facilitated to attend training.

**Proposed Timescale:** 26/04/2017

**Theme:** Safe Services

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

Staff at the centre had not all received up-to-date training in safeguarding of vulnerable adults.

**9. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Safeguarding training will continue to be made available and staff will be supported to attend.

**Proposed Timescale:** 28/02/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The inspector found that not all staff had up-to-date training in the following areas;

- Fire Safety
- Manual Handling
- Personal Outcomes

**10. 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:**

Training will be provided to staff in the following areas;  
Fire Safety  
Manual Handling  
Personal Outcomes

**Proposed Timescale:** 31/03/2017