<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dunwiley &amp; Cloghan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005489</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Donegal</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jacinta Lyons</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Stevan Orme</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection</td>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>10</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 06 June 2017 09:00
To: 06 June 2017 14:20

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
</tr>
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Summary of findings from this inspection

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

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

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

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

How we gathered our evidence:
During the inspection, the inspector met six residents who lived at the centre and four staff members. In addition, the inspector spoke with the centre’s person in charge and reviewed documents which related to the previous inspection's findings such as personal plans, risk assessments, safeguarding plans, rosters, training records and staff personnel files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations and the inspector found that the service was being provided as described. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre comprised of two bungalows and was located within a campus containing a further three designated centres. The campus was located close to local shops and other amenities. The centre provided a full-time seven day residential service for adults with a disability.

Overall Findings:
The inspection was unannounced and focused on actions taken by the provider and person in charge to address the findings of the previous inspection, which occurred on the 28 March 2017. The inspector did not look at all aspects of the service provided at the centre, with five outcomes inspected as part of the follow-up inspection.

The inspector found that the provider and person in charge had addressed the majority of actions identified from the previous inspection within agreed deadlines which related to social care needs, risk management and governance. However, actions which related to staff training and documentation had not been completed or were still in progress on the day of inspection.

The inspector found that the person in charge had ensured that personal plans were up-to-date and staffing levels at the centre reflected residents' assessed needs. In addition, the inspector found that the person in charge had commenced management audits which monitored the delivery of care and support provided at the centre. The inspector found that following the previous inspection, the person in charge had ensured that all mandatory training required by the provider's policies was completed. Furthermore, although not addressed within agreed timeframes, the person in charge provided assurances to the inspector that staff training on breakaway techniques was scheduled to be completed by the end of June 2017.

Summary of regulatory compliance:
The centre was inspected against five outcomes. The inspector found major non-compliance in one outcome which related to staff documentation required under Schedule 2 of the regulations. Moderate non-compliance was found in one outcome which related to outstanding breakaway techniques training for staff. Compliance was found in three outcomes which related to residents' personal plans, risk management systems and governance and 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 of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that all actions from the previous inspection had been addressed by the person in charge. The inspector found that personal plans were up-to-date and reflected residents' assessed needs. In addition, annual reviews examined the effectiveness of the personal plan with the involvement of the resident and their representatives. The inspector found that personal plans were now available to residents at the centre in an accessible format.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 1
The previous inspection had found that residents' goals did not include named staff supports and timeframes for goal achievement. The provider assured HIQA that by the 10 May 2017, the person in charge and residents' named nurses would review all person plans to ensure that residents' goals included both named staff supports and achievement timeframes.

The inspector reviewed residents' person centred plan goal documentation and found that each goal was broken down into smaller stages, with each stage including both named staff supports and the expected timeframe for its achievement. In addition, staff had updated the goal's progress records to show when each stage had been achieved by the resident, from records sampled by the inspector.

Action 2
The previous inspection had found that annual reviews had not assessed the effectiveness of personal plans to meet residents’ needs. The provider had assured HIQA that by the 13 April 2017, a new format would be introduced for annual reviews which would assess both the personal plans’ effectiveness and record any new developments or changes in residents' circumstances.

The inspector was shown the new annual review format by the person in charge, which guided staff to complete a review of all aspects of the personal plan such as healthcare needs and independent living skills. In addition, the template included a review of resident’s personal goals and whether they were achieved or not.

Following the previous inspection, one resident’s annual review had occurred at the centre. The inspector found that the new review template had been used and had looked at the effectiveness of all aspects of the personal plan to meet the resident’s needs over the previous 12 months. Furthermore, annual review meeting minutes showed discussion on progress and achievement made by the resident to meet their personal goals. Meeting minutes recorded the involvement and participation of the resident and their family in the review meeting.

Action 3
The previous inspection found that multi-disciplinary recommendations had not been reflected in residents' personal plans. The provider assured HIQA that by the 10 May 2017, the person in charge and residents' named nurses would review residents' personal plans to ensure they reflected multi-disciplinary recommendations.

The inspector reviewed residents’ personal plans and found that they had been updated by the residents' named nurse and reflected recommendations from multi-disciplinary professional. For example, residents' personal plans and behaviour support plans reflected recommendations on the use of ‘as and when required' medication and supports which related to the management of behaviours of concern.

Action 4
The previous inspection found that one resident's personal plan did not reflect their assessed needs. The provider had assured HIQA that by the 10 May 2017, the person in charge and resident’s named nurse would review their personal plan to ensure it accurately reflected the resident's needs.

The inspector reviewed the residents’ personal plan which had been updated by their named nurse following the previous inspection. The inspector found that the updated personal plan reflected the resident's assessed needs and included recommendations from multi-disciplinary professionals such as the residents’ psychiatrist.

Action 5
The previous inspection found that review meeting minutes sampled did not consistently show the involvement of either residents or their representatives. The provider assured HIQA that by the 13 April 2017, the person in charge would introduce a new review meeting minute format ensure the participation of residents and their representatives were evidenced.
The inspector found that the new template for annual review meetings had been introduced and included provision for the recording of both residents and their representatives’ attendance at the meeting. Since the last inspection, only one resident annual review had taken place, the inspector found that the new review format was used and had recorded that both the resident and their families had participated in the review meeting. In addition, the inspector sampled other residents' annual review minutes records and found that they included either the residents or their representatives’ participation.

**Action 6**
The previous inspection had found that residents' personal plans were not available in an accessible format. The provider assured HIQA that by the 10 May 2017, that accessible personal plans would be available to residents.

The inspector found that accessible personal plans were available to residents. Accessible plans reflected residents’ communication needs and displayed information in word, picture and symbol formats. During the inspection, some residents showed the inspector a copy of their accessible plans which they kept in their bedrooms.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tbody>
<tr>
<td><em>The health and safety of residents, visitors and staff is promoted and protected.</em></td>
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<table>
<thead>
<tr>
<th><strong>Theme:</strong></th>
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<tbody>
<tr>
<td>Effective Services</td>
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<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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</thead>
<tbody>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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<table>
<thead>
<tr>
<th><strong>Findings:</strong></th>
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<tbody>
<tr>
<td>The inspector found that the provider and person in charge had ensured residents were protected from risk at the centre. The inspector found that all findings from the previous inspection had been addressed.</td>
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</table>

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

<table>
<thead>
<tr>
<th><strong>Action 7</strong></th>
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<tbody>
<tr>
<td>The previous inspection had found that risk management arrangements in place at the centre had not ensured that:</td>
</tr>
<tr>
<td>- Staffing arrangements were in-line with risk assessments</td>
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<tr>
<td>- Risk assessments were updated and in-line with multi-disciplinary recommendations</td>
</tr>
<tr>
<td>- Residents’ risk assessments did not reflect all identified risks</td>
</tr>
<tr>
<td>- Risk assessments did not include review dates and persons responsible for the</td>
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</table>
implementation of risk control measures
- Management audits had not been conducted in-line with the provider's policies.

The provider had assured HIQA that by the 10 May 2017, they would review risk assessments in-line with residents' needs, staffing arrangements and multi-disciplinary team recommendations. In addition, risk assessments would include both review dates and persons responsible for the implementation of risk control measures and that management audits would be completed in-line with the provider's audit schedule.

The inspector reviewed the centre's risk assessments and found that they had been reviewed and updated by the person in charge following the previous inspection. In addition, the inspector sampled residents' risk assessments and found that they both reflected personal plans and the recommendations of multi-disciplinary professionals; such as, psychologists and psychiatrists. In addition, the inspector found that risk assessments on residents' needs and the centre's premise included review dates and persons responsible for the implementation of agreed risk control measures.

The inspector reviewed the centre's rosters and found that staffing arrangements reflected sampled risk assessments in areas such as the management of behaviours of concern. Furthermore, the inspector found that since the last inspection, the person in charge had commenced a range of management audits which included accidents and incidents, fire safety, complaints, use of restrictive practices, residents' finances and personal plans. The inspector found that audits were completed in-line with the provider's annual audit schedule and actions identified were addressed within agreed timeframes.

Action 8
The previous inspection had found that not all staff had completed up-to-date manual handling training. The provider had assured HIQA that by the 8 June 2017, all staff would have received manual handling training.

The inspector reviewed training records and found that all staff had up-to-date training in manual handling on the day of inspection.

Action 9
The previous inspection had found that not all staff had completed up-to-date hand hygiene training. The provider had assured HIQA that by the 30 May 2017, all staff would have received hand hygiene training.

The inspector reviewed training records and found that all staff had up-to-date training in hand hygiene on the day of inspection.

Action 10
The previous inspection had found that no fire doors were in place in Bungalow 2 to ensure the effective containment of fire. The provider assured HIQA that by the 31 May 2017, fire doors would be installed in Bungalow 2.

The inspector reviewed fire safety arrangements in place at Bungalow 2, and found that the provider had installed fire doors in both residents' bedrooms and communal areas.
Action 11
The previous inspection had found that not all staff had completed up-to-date fire safety training. The provider had assured HIQA that by the 10 May 2017, all staff would have received fire safety training.

The inspector reviewed training records and found that all staff had up-to-date fire safety training on the day of inspection.

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

Findings:
The inspector found that residents were protected from harm and supported in-line with their assessed needs, although not all actions from the previous inspection had been completed. The inspector found that although residents’ behaviour support and safeguarding plans reflected residents’ assessed needs, staff at the centre had still not completed recommended training in-line with a resident’s risk assessment.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre’s previous inspection.

Action 12
The previous inspection had found that not all restrictive practices in use at the centre had been assessed. The provider had assured HIQA that by the 24 April 2017 that a review of practices would occur, to ensure the least restrictive practices were in use at the centre. In addition, the person in charge would complete a monthly audit of restrictive practices at the centre.

The inspector found that the person in charge had reviewed all environmental restrictive practices and scheduled quarterly review dates to further assess the ongoing
effectiveness of practices. In addition, reviews had occurred and were further scheduled with the psychologist and psychiatrist to assess agreed interventions, which related to the management of residents' behaviours of concern.

Furthermore, the inspector found that the person in charge had commenced monthly audits of the centre's use of restrictive practices in-line with the provider's annual audit schedule.

**Action 13**
The previous inspection had found that residents' behaviour support plans had not been developed in conjunction with a behavioural specialist and were not subject to review after incidents of concern. The provider had assured HIQA that by the 31 May 2017, they would ensure all residents' behaviour support plans were reviewed by a clinical psychologist and reviewed in the event of an incident of concern.

The inspector sampled residents' behaviour support plans and found that they were up-to-date and reflected incident records. In addition, the inspector found that behaviour support plans had been reviewed and approved by the provider's clinical psychologist and future review dates were scheduled.

**Action 14**
The previous inspection had found that not all staff had completed breakaway techniques training in-line with residents' behaviour support plans. The provider had assured HIQA that by the 31 May 2017, all staff would have received breakaway techniques training.

The inspector reviewed staff training records and found that some staff had still not received breakaway training. However, the person in charge provided evidence to assure the inspector that training was planned and would be completed for all staff by the 19 June 2017.

**Action 15**
The previous inspection had found that the recommendations of safeguarding plans had not been completed. In addition, the effectiveness of safeguarding plans in place had not been assessed in-line with agreed review dates. The provider had assured HIQA that by the 26 April 2017 they would implement all outstanding safeguarding plan actions, and review the effectiveness of plans in-line with agreed timeframes.

The inspector found that all safeguarding plans had been reviewed by the person in charge, the provider's designated safeguarding officer, multi-disciplinary professionals - such as social workers and psychologists - and the local safeguarding and protection team. In addition, personal plans and risk assessments reflected residents' safeguarding plans and staff knowledge. The inspector also found that review dates for safeguarding plans were scheduled and coordinated by the person in charge.

**Judgment:**
Non Compliant - Moderate
**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that the provider had addressed all actions from the previous inspection. The inspector found that the provider had completed an annual review of the care and support provided at the centre and introduced management audits. In addition, the person in charge had commenced personal development plans with staff at the centre.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

**Action 16**

The previous inspection had found that the centre did not have an up-to-date annual review of care and support provided. The provider assured HIQA that by the 6 April 2017, an annual review would be completed and available at the centre.

The inspector found that the provider had completed an annual review into the care and support provided at the centre. In addition, the review had included the outcome of consultation with residents and their families. The inspector reviewed the actions identified from the review, and found that the person in charge had completed them within agreed timeframes; for example, the review of residents' safeguarding plans.

**Action 17**

The previous inspection found that management audits and systems were not in place to promote the delivery of safe and quality care services. The provider had assured HIQA that by the 10 May 2017, audits would be completed in-line with the provider's audit schedule.

The inspector found that audits had been completed by the person in charge in areas such as residents' personal plans, staff personnel files, infection control, fire safety, complaints, and accidents and incidents. In addition, the inspector found that actions from completed audits were addressed within agreed timeframes. Furthermore, the inspector saw that audits were completed in accordance with the provider's annual audit schedule.
Action 18
The previous inspection had found that personal development plans had not commenced for staff at the centre. The provider had assured HIQA that by the 30 June 2017, personal development plans would have commenced and the person in charge would have a plan in place to ensure plans were completed for all staff.

The inspector found the person in charge had commenced personal development plans. On the day of inspection, 21 staff had completed their plan with either the person in charge or the centre's acting director of nursing. In addition, the person in charge showed the inspector, their schedule for the remaining staff which ensured plans would be completed by the 30 June 2017.

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:
The provider and person in charge had not ensured that all actions from the previous inspection had been completed. Although the inspector found that staffing arrangements reflected residents assessed needs, staff personnel files held at the centre continued to not contain evidence of Garda vetting disclosure as required under Schedule 2 of the regulations.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

Action 19
The previous inspection had found that the centre's roster did not reflect staff working arrangements and supports provided to residents. The provider assured HIQA that by the 13 April 2017 that the person in charge would update the centre's roster daily to ensure accuracy.
The inspector reviewed rosters at the centre and found that they reflected the staff on duty on the day of inspection. Furthermore, the inspector found that staffing arrangements in place reflected the centre’s statement of purpose and residents' assessed needs, as reflected in personal and behaviour support plans.

### Action 20
The previous inspection found that not all documentation required under Schedule 2 of the regulations was present in staff personnel files reviewed by the inspector. The provider assured HIQA that by the 30 August 2017, all documentation would be in place and that the person in charge would conduct an audit of staff files.

The inspector found that although the person in charge had ensured that the majority of staff documentation was in place in accordance with Schedule 2, staff personnel files continued to not contain garda vetting disclosures.

### Action 21
The previous inspection found that staffing arrangements at the centre did not meet residents' assessed needs. The provider assured HIQA that by the 30 June 2017, staffing vacancies would be identified and progressed through the provider's personnel department.

The inspector reviewed rosters and found that they were in-line with residents' assessed needs and the centre's statement of purpose. Furthermore, although temporary workers were rostered at the centre this had reduced following staff returning from long-term absences. In addition, the inspector found a regular cohort of temporary staff was used to ensure continuity of care for residents, which was confirmed in discussions with the person in charge.

The person in charge confirmed to the inspector that all staff vacancies had been identified and progressed to the provider's personnel department for recruitment.

### Judgment:
Non Compliant - Major
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005489</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 June 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 June 2017</td>
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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 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 inspector found that not all staff had received training on breakaway techniques in-line with the recommendations of residents' behaviour support plans.

1. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
Staff have attended breakaway training on 14th and 20th June, awaiting further dates for remaining staff.

Proposed Timescale: 30/08/2017

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 staff personnel files did not contain garda vetting disclosure as required under Schedule 2 of the regulations.

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

Please state the actions you have taken or are planning to take:
All staff have completed their application for Garda vetting and are awaiting disclosure.

Proposed Timescale: 30/08/2017