

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dunwiley & Cloghan
Centre ID:	OSV-0005489
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 22 August 2017 09:00 To: 22 August 2017 21:40

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 15: Absence of the person in charge
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 inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been previously inspected on the 6 June 2017 against five outcomes, the remaining 13 outcomes were inspected against on this inspection. In addition, a review of the actions the provider had undertaken to address the findings from the previous inspection was undertaken.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided full-time residential services to adults with a disability.

How we gathered our evidence:

During the inspection the inspector met with family members along with ten residents and nine staff members as well as the centre's person in charge. The inspector also observed practices and reviewed documents such as personal care plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of two bungalows, one of which had a one bed apartment attached. The centre was located in a town and was close to local amenities such as shops, cafes and leisure facilities.

Overall Findings:

The inspector found that the centre supported residents' in-line with their assessed needs as described in their personal plans. The inspector further noted that where residents' needs had changed and they had experienced difficult times, they had been supported by the centre to access regular support from multi-disciplinary team (MDT) professionals. In addition, the inspector observed that staff provided sensitive and empathic support to residents which reflected MDT recommendations at these times.

Residents were supported to access a range of activities which reflected their choices, interests and personal goals. Where able to residents told the inspector that they were happy at the centre and were supported by staff to learn new skills such as preparing simple meals and engage in activities they enjoyed. The inspector observed that throughout the inspection, residents appeared comfortable, happy and relaxed with the support they received from staff.

Residents were involved in decisions about the running of the centre such as menu planning and weekly activities through regular residents meetings. Residents' meetings were also used by the centre to provide information and promote the residents' awareness of their rights such as access to advocacy services, making a complaint and keeping safe.

The centre was well-maintained, with its layout and design meeting residents' assessed needs.

The inspector interviewed the person in charge, and found them to be suitably qualified and knowledgeable on both residents' needs and their roles and responsibilities under regulation.

Summary of regulatory compliance:

The centre was inspected against 16 outcomes. Moderate non-compliance was found in three outcomes which related to annual personal plan reviews, staff records, training and statutory notifications. The inspector found compliance in 12 outcomes inspected, with a positive focus on supports provided to residents and the promotion of residents' rights. Substantial compliance was found in one outcome which related

to staff training.

These findings are further detailed 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 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights were promoted and they were involved in the running of the centre.

The inspector found that the centre's complaints policy was comprehensive in nature and reflected staff knowledge. Furthermore, the complaints policy was prominently displayed alongside an accessible version for residents. The inspector observed that information on the centre's complaints officer; which included their photograph and contact details, was also displayed on the communal notice boards. The centre maintained a record of all complaints received which included actions taken and complainants' satisfaction with the outcome.

Information on advocacy services was displayed on the communal notice boards. In addition, the inspector spoke with the residents' advocate during the inspection and was told that they currently provided support to some residents at the centre in relation to their service provision.

Residents were supported to access a range of activities both at the centre and in the local community which reflected their interests and personal plan goals. For example, activity records and goal updates showed that residents accessed activities such as church services, swimming, horse riding, personal shopping and meals outs.

Staff told the inspector that residents participated in the centre's weekly residents meetings. The inspector reviewed meeting minutes and found that residents were involved in decisions about the running of the centre; such as, menu planning, shopping

and weekly activities. In addition, minutes showed that residents were asked if they had any complaints about the centre's service as well as being provided with information on advocacy services, fire safety practices and personal safety guidance.

The centre had a visitor's policy and provided facilities for residents to meet family and friends in private with no restrictions on visiting times. Residents, where able to, told the inspector that they were regularly visited by their families, which was reflected in daily notes, visitors' books and discussions with staff.

The inspector reviewed arrangements for supporting residents with their personal finances and found that supports provided were in-line with the provider's policies with all transactions being receipted and recorded.

Throughout the inspection, the inspector observed staff supporting residents in a dignified and respectful manner which reflected their assessed needs. Furthermore, residents who spoke with the inspector said they were happy at the centre and got on well with the staff. The inspector observed that residents appeared relaxed and comfortable with the support received from staff throughout the inspection.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' communication needs were supported.

The inspector found that personal plans and risk assessments included information on residents' communication needs. Residents told the inspector that they were both supported and able to tell staff what they wanted in relation to their choices such as daily activities, personal goals and meals which was reflected in discussions with staff and reviewed daily notes.

Furthermore, residents had access to easy-to-read versions of their personal plans and written agreements, as well as the centre's complaints policy and fire evacuation plan,

The inspector found that residents had access to radio, television and the internet at the centre.

<p>Judgment: Compliant</p>

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were supported to maintain personal relationships and participate in activities of their choice in the local community.

The centre had an up-to-date visitors' policy and provided facilities for residents to meet family and friends in private. The inspector met with residents' family members and staff and was told that families and friends visited the centre regularly. Furthermore, residents were supported to visit their families and have overnight stays.

Families also told the inspector that they attended residents' annual personal plan review meetings which was reflected in documents reviewed during the inspection.

Residents accessed a range of activities in the local community which reflected their interests and personal goals such as going to the cinema, bowling, personal shopping, church services and music concerts.

Judgment:
Compliant

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:

The inspector found that the centre had up-to-date admissions and discharge policy and residents had written agreements in place.

The centre had an up-to-date admissions and discharge policy which was reflected in their statement of purpose. No new admissions had occurred at the centre since the last inspection.

Resident had an accessible written agreement which included the centre's total fees and any additional charges to be met by the residents such as clothing and community activities. In addition, written agreements had been signed by both the provider and the resident or their representative.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported with their assessed needs, although not all personal plans had been reviewed annually.

The inspector did not review all aspects of this outcome, but found from a review of residents' personal plans that not all plans been subject to an annual multi-disciplinary review.

The inspector reviewed residents' personal plans, risk assessments and daily notes and found that residents were supported in-line with their assessed needs by staff especially during times of distress which related to their changing needs. For example, the centre ensured that residents were regularly reviewed by multi-disciplinary professionals such as psychiatrists and that their personal plans were updated with any recommendations made. The inspector found that residents were supported by staff in a sensitive and

empathic manner during times of distress and were for example offered opportunities to participate in activities of their choice, even though due to the residents' needs these were regularly refused for records examined.

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 inspector found that the centre's design and layout met residents' assessed needs.

The centre comprised of one six bed bungalow and a separate four bed bungalow which had a separate one bed apartment attached. The centre was located within a campus setting which contained a further three designated centres and was in a town close to amenities such as local shops, a leisure centre and cafes.

The centre's bungalows and apartment were well maintained and decorated to a good standard. The inspector observed that residents' bedrooms were individually decorated and personalised with family photographs and other items which reflected their interests. All bedrooms provided suitable storage facilities for resident possessions.

Each bungalow provided a sufficient number of bathrooms to meet residents' needs. The inspector found that communal rooms such as bathrooms, sitting rooms, kitchens and dining rooms were furnished to a good standard and reflected residents' needs.

Suitable arrangements were in place for the safe disposal of general and clinical waste and residents had access to laundry facilities at the centre.

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 the previous inspection's finding on breakaway training for staff had not been addressed.

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

The previous inspection had found that not all staff had received breakaway techniques training as required in reviewed risk assessments. The inspector reviewed staff training records and found that this action had not been fully addressed with four staff still to complete breakaway techniques training. However records showed that further training was scheduled in September 2017 for the remaining staff.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that although the centre maintained a record of notifications submitted to the Health Information and Quality Authority (HIQA), not all notifications had been submitted within regulatory timeframes

A record of notifications submitted to HIQA under Schedule 4 of the regulations was

kept at the centre. However, the inspector found that not all notifications which related to allegations (confirmed or suspected) of abuse towards a resident had been submitted in-line with regulatory timeframes.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' educational and training needs were assessed and they were supported to participate in activities which reflected their needs and choices.

The centre had an up-to-date policy on supporting residents to access education and training. Residents' educational and training needs were assessed as part of their personal plan, although the inspector was told by staff that residents were not currently engaged in educational activities at the centre. However, records reviewed and discussions with staff and residents showed that some residents were supported by staff, through a skills development programmes, to learn how to use the washing machine and prepare simple meals.

Staff and where able to residents told the inspector that they were supported to participate in activities of their choice both in the centre and local community. Records showed that residents enjoyed activities which reflected their personal goals and likes such as the cinema, swimming pools, personal shopping, concerts, holidays and visits to places of interest.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to manage their health.

The inspector reviewed residents' healthcare records and found that they were up-to-date and reflected residents' medical needs. Records showed that residents had access to a range of allied healthcare professionals such as psychiatrists, psychologists, dieticians, occupational therapists and dentists. In addition, a general practitioner (GP) visited the centre weekly, and residents had a choice of GPs at their local medical practice.

Meals were provided at the centre through a centralised kitchen on the campus. The inspector found that residents were offered a range of healthy and nutritious meals from food records examined. Furthermore, discussions with staff and records showed that residents had a choice of meals for lunch and dinner as well as access to snacks throughout the day.

Where residents had dietary needs, the inspector found that they had been assessed by dieticians and speech and language therapists and recommendations were reflected in personal plans and staff knowledge.

Residents were involved in aspects of meal preparation dependent on their abilities. Residents told the inspector that they were supported by staff to make drinks and simple meals such as sandwiches, which was reflected in discussions with staff and activity records.

The inspector observed meal times during the inspection and found that they were positive and social in nature.

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:

The inspector found that the centre's medication arrangements reflected the organisation's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on prescribed medications such as administration times, route and dosage. The centre maintained an up-to-date signature bank of staff trained to administer medication as part of the residents' medication administration records.

The inspector observed that medication was securely stored at the centre, with out of date medication being segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed reflected this practice.

Regular medication audits were carried out by the person in charge to ensure that the centre's practices were in-line with the provider's policies.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre's statement of purpose reflected the services and facilities provided.

The centre's statement of purpose contained all information required under Schedule 1 of the regulations and reflected the services and facilities provided at the centre on the day of inspection.

Furthermore, the inspector found that the statement of purpose was reviewed annually and available in an accessible version to residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre had suitable arrangements in place in the event of the person in charge's being absent.

The person in charge confirmed their understanding of the requirement to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. The inspector found that there had been no instances to date of the person in charge being absent over 28 days.

Furthermore, staff were able to tell the inspector about the arrangements in the event of the person in charge being absent from the centre which reflected the centre's statement of purpose and discussions with the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The inspector found the services and facilities provided reflected the centre's statement of purpose and residents' assessed needs.

The inspector reviewed the centre's staffing levels and resources and found that they

were sufficient to meet residents' needs and activities. Furthermore, staffing levels during the day and night at the centre reflected both residents' personal plans and risk assessments reviewed by the inspector as well as staff knowledge.

The inspector did find from a review of the centre's rosters that staffing levels were at times maintained through the use of temporary workers; however, records showed that regular and familiar workers were used. The inspector spoke with temporary workers on the day of inspection and found that they were suitably trained and knowledgeable of both the residents' needs and the centre's practices.

A vehicle was available at the centre, as well as access to other transport within the campus, to support residents to access local amenities such as leisure centres, shops, cafes and places of interest.

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 inspector found that staff records did not contain all information required under the regulations and that not all staff had received training which reflected residents' needs.

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

The previous inspection had found that staff personnel records did not contain all information required under Schedule 2 of the regulations. The inspector reviewed a sample of staff files and found that copies of the staff members' vetting disclosures were not available in files examined on the day of inspection. However, following the inspection's completion the provider forwarded copies of staff garda vetting disclosures to the inspector for review.

The review of staff files however showed that staff employment histories did not include

information on the reasons for any gaps in employment.

The inspector reviewed staff training records as part of the inspection, and found that not all staff had completed training in-line with residents' needs such as autism.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre maintained all records required under the regulations.

The inspector found that the centre maintained up-to-date resident records such as a directory of residents, restrictive practices log, healthcare records and incidents and accident reports as required under Schedule 3 of the regulations

The centre further ensured that a copy of the statement of purpose and all notifications submitted to HIQA were available as well as resident written agreements and records of food provided as required under Schedule 4 of the regulations.

The inspector reviewed the centre's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes.

The centre had an up-to-date insurance policy against accidents or injury to residents, staff and visitors.

Judgment:

Compliant

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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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005489
Date of Inspection:	22 August 2017
Date of response:	20 September 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:

The inspector found that not all residents' personal plans had been subject to an annual multi-disciplinary review.

1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

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

reviewed annually or more frequently if there is a change in needs or circumstances.

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

One outstanding annual review is planned for 03/10/17. One further annual outstanding review is currently being organised. The PIC is awaiting for confirmation of dates with MDT team.

Proposed Timescale: 14/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The inspector found that not all staff had received training in breakaway techniques.

2. 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:

Four members of staff have received breakaway training on the 5/6th Sept, one further staff member who has recently transferred to this centre is currently off sick and will attend training on their return to work.

Proposed Timescale: 30/11/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The inspector found that notifications which related to allegations (confirmed or suspected) of abuse towards a resident were not submitted to the Health Information and Quality Authority within regulatory timeframes.

3. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

As with immediate effect all notifications will be forwarded to HIQA as per regulation.

Proposed Timescale: 20/09/2017

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 employment histories did not include information on any gaps in employment.

4. 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:

The PIC will audit staff files and examine employment histories and ensure that identified gaps in employment are addressed.

Proposed Timescale: 30/11/2017

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 received training in-line with resident's assessed needs.

5. 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 PIC has completed PDP's with all staff and identified training needs, and is organising further training on Autism for identified staff.

Proposed Timescale: 30/11/2017

