

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003451
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	The Cheshire Foundation in Ireland
<b>Provider Nominee:</b>	Mark Blake-Knox
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. 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:
08 June 2016 13:30	08 June 2016 19:30
09 June 2016 09:40	09 June 2016 12:45

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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

HIQA undertook a series of inspections of centres operated by Cheshire Foundation Ireland during 2015 and found a high level of non-compliances with the requirements of the regulations and the National Standards. In particular, inspectors found that the provider did not have adequate governance arrangements to ensure a safe and good quality of service for residents. The provider was required to attend a meeting with HIQA on 25 November 2015 and at that meeting, the provider told inspectors of a plan to reconfigure governance arrangements, improve support for local managers and address the areas of non-compliance in each centre.

Since that meeting HIQA has seen evidence that the provider is implementing their actions to improve the services. However, HIQA remained concerned at the level of non-compliance in some centres. The provider was required to attend a further meeting in HIQA on 14 April 2016 where concerns regarding services, including this centre, were discussed with the provider. In response to HIQA's concerns, the provider advised of impending changes to the governance and management

structures and reporting procedures across the service that would positively impact on the quality and safety of care provided to residents and address all outstanding concerns.

Inspectors will continue to monitor compliance in designated centres to ensure that any improvements required are implemented and that the changes proposed by the provider are addressing the identified non-compliances.

#### Background to the inspection

This inspection was carried out to monitor compliance with specific outcomes.

The previous inspection of this centre took place on 10 February 2016. As part of this inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection. Of the 23 actions required, 18 had been addressed in line with the provider's response. Four actions had not been addressed and remained non-compliant on this inspection. While one action had been previously addressed, the findings on this inspection indicated that the provider remained non-compliant with the relevant regulation.

#### How we gathered our evidence

As part of the inspection, the inspector met with the four residents living in the centre. Residents told the inspector they were happy in the centre and liked the person in charge and staff working there. The inspector was supported by staff when communicating with some residents in line with their assessed needs.

The inspector also spoke with staff members, the person in charge of the centre and two persons participating in the management of the centre. The inspector observed practices and reviewed documentation such as residents' support plans, medical records, accident logs, policies and procedures and staff files.

#### Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. The centre's statement of purpose outlined the service which was provided for persons with physical, sensory and neurological disabilities. This included support with everyday activities, support to partake in community activities and nursing support where required. In the areas inspected, the inspector found that the service was being provided as it was described in that document.

The centre comprised of two houses located next door to each other within a short drive of a town centre. Residents living in the houses had individual bedrooms, suitable bathroom facilities and shared living, kitchen and dining rooms. The inspector found there was adequate private and communal space in the centre to meet the needs of residents. The centre had a vehicle and some residents had purchased their own vehicles.

#### Overall judgment of our findings

The inspector was satisfied that the provider had put systems in place to ensure that the actions required from the previous inspection were being addressed. This had resulted in an improvement in quality of life for residents, the details of which are

described in the report.

The inspector found further improvements were required in the following areas:

- The system for the assessment, management and review of risk in the centre (in outcome 7)
- The measures to ensure residents were provided with all required support to access opportunities for education, training and employment (in outcome 10)
- The centre's statement of purpose did not meet all requirements of the regulations (in outcome 13)
- Staff training needs had not been identified to ensure all staff had access to required training (in outcome 17)
- Some staff had not received all required training (in outcome 17)

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 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Information on voting and the candidates in the previous political election had been compiled and explained to residents. Residents had registered to vote and some had voted in the election. The inspector found that where residents had not voted it was by choice or circumstances outside of the provider's control.

The opportunities for residents to participate in activities in accordance with their wishes had improved. For example, residents had been supported to go to hotels, go out for dinner and go for walks. Records showed that residents were supported to access activities of their choice approximately four times per week and the inspector was satisfied that this access was in line with residents' needs and wishes.

The inspector viewed the record of complaints and saw that these were responded to and records maintained. The policy on the management of complaints had been amended and stated that the regional manager was 'responsible for the management of complaints within their region' and 'for the monitoring and review of complaints data/statistics on a quarterly basis'. The inspector was told that this encompassed the regulatory requirement of ensuring that all complaints are appropriately responded to and records maintained.

The week following the inspection, the regional manager showed the inspector an amended copy of the policy on the management of complaints which had been amended to state that the regional manager was responsible for ensuring that all complaints were appropriately responded to and records maintained.

**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):**

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

**Findings:**

A resident had been referred to an external agency for an assessment for the suitability of an assistive technological device to communicate. The resident was assessed as suitable to trial an assistive device and had commenced trialling the device the week of the inspection.

Staff spoken with told the inspector that this was a success and that the device was enabling staff to respond in a more accurate way to the resident's needs. The inspector met with the resident who, using facial gestures, told the inspector they were happy with the device. The inspector was told the device would be purchased for the resident.

**Judgment:**  
Compliant

**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):**

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

**Findings:**

The provider had implemented measures to address the lack of support for residents to develop and maintain personal relationships and links with the wider community. Staff recruited as 'community connectors' were supporting residents to identify their wishes in this area. Progress of residents' wishes and an outline of residents' engagement in the local community was maintained.

Residents said they enjoyed the outings and staff spoke of the positive impact this was having on residents' lives. It was evident that a plan to progress the links in the community had been identified with residents and the inspector was told this area would continue to be prioritised.

**Judgment:**  
Compliant

#### **Outcome 05: Social Care Needs**

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

**Theme:**  
Effective Services

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

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

#### **Findings:**

Residents had been supported to attend a meeting at which the resident's needs were reviewed. The inspector viewed a sample of the records and these showed that all needs were being assessed and supports implemented to address any deficits. The review comprised of six areas which included relationships, roles, home, health, finances, decision making and the person. It was evident that supporting residents to be as independent as possible was a focus of the plan.

The inspector was told that reviews of residents' needs took place on a regular basis.

**Judgment:**  
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):**

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

**Findings:**

The provider had implemented measures to ensure control measures were effective, for example monitoring of the temperature of the water and ensuring the cold smoke seals on the fire doors were in place.

Staff working in the centre had taken part in a fire drill. Fire drills, which included a night time drill, had taken place since the previous inspection and showed that the centre could be evacuated in the event of a fire, or other emergency, during the day or at night.

Residents had individual personal emergency evacuation plans. Staff spoken with were knowledgeable of the evacuation of the centre including individual specific needs of residents and the sequence of evacuating the centre. The inspector was told the centre's emergency plan would be updated to include the sequence of evacuating residents from the centre in the event of a fire or other emergency.

Persons nominated by the provider had carried out an unannounced visit of the centre and had found there was no risk register in the centre. The inspector was told this was being compiled and would be specific to the centre. The inspector did not find that the lack of this document was having an adverse impact on the management of risk in the centre.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

The use of practices which could be deemed restrictive was reviewed. All practices were documented, assessments had taken place and it was evident that these practices did not constitute a restriction for the resident.

The system for ensuring residents were protected against the risk of financial abuse had improved. The system included money management plans, recording of all transactions and monthly checks of bank statements. The measures to ensure all residents' money was safeguarded were appropriate.

**Judgment:**  
Compliant

**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):**

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

**Findings:**

Residents' preferences and wishes in regard to education and employment had been assessed. The inspector viewed a sample of these assessments and found they included residents' wishes in each area.

However, further improvement was required to ensure that all residents were supported to access their preferred employment or training opportunity. For example, some assessments showed that although initial contact had been made to source opportunities some of these had not been progressed in line with residents' assessed wishes and aspirations.

**Judgment:**  
Non Compliant - Moderate

**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):**

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

**Findings:**

Multidisciplinary reviews of residents' healthcare and allied care needs had taken place. This review comprised of the input of all relevant professionals including general practitioners, physiotherapists, pharmacists, nurses and occupational therapists. The person in charge or a person participating in management held an oversight role of the review. The multidisciplinary reviews included healthcare, the resident's vision, how to support the resident and knowing the person.

It was evident that support provided in regard to healthcare was proactive. Healthcare needs were assessed and professional advice was sought where family history or other factors indicated a resident may be at risk of developing a health related need. Documentation viewed showed that access to healthcare was timely and comprehensive.

End-of-life care was provided in the centre. It was evident from reviewing documentation and speaking with staff that residents at end of life had their physical, emotional, social and spiritual needs met and that staff respected their dignity, autonomy, rights and wishes.

**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):**

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

**Findings:**

There was a written statement of purpose which stated the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflected the diverse needs of residents. The inspector found the service provided in the centre was consistent with the statement of purpose.

The statement of purpose contained all the information required by the regulations with the exception of a description of the rooms in the centre including their size and primary function.

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

**Judgment:**  
Substantially Compliant

#### **Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

#### **Findings:**

Persons nominated by the provider had carried out an unannounced visit to the centre and had prepared a report on the findings. The inspector found the areas for improvement identified in the report were in the process of being addressed.

An annual review of the centre had taken place and included the views of residents.

Findings on this inspection showed that systems for ensuring that all aspects of the service provided was safe, appropriate to residents' needs, consistent and effectively monitored had improved.

The person in charge was in the process of transitioning to a seconded post external to the centre and service provider. Although the provider had carried out a recruitment process a suitable candidate had not been found. The provider had taken further measures to source a suitable replacement and interviews were taking place on the second day of inspection.

Measures implemented in the interim included the outgoing person in charge working in the service area for one and a half days per week until the end of June and the person participating in management, who held a senior management role, working in the service area for two days per week until a replacement was in post.

A person participating in the management of the centre had been seconded to a post external to the centre and the service provider. This person had held the role of operational responsibility for the day to day management of the centre. A person participating in management of another centre was in post on an interim basis and a permanent replacement had been sourced. This person was due to commence the week after the inspection. The senior person participating in management outlined the induction which would be provided for this person.

**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 staff rota had been amended to show the number of nursing hours allocated to the centre and the days and times the nurse would be working in the centre.

Some staff working in the centre were employed by external service providers. Although evidence of Garda Vetting, documentary evidence of relevant qualifications or accredited training and two written references were in place, some files did not contain a full employment history, the date on which the staff member commenced employment, and the position the person held at the centre, the work the person performs and the number of hours the person is employed each week.

A training needs analysis for the centre and for staff members had not been completed. It was therefore difficult to ascertain if all training required to support residents living in the centre had been provided. The inspector reviewed staff training records and found that some staff had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques, supporting residents with dysphagia and food hygiene.

**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:**

The implementation of the policy on access to education training and employment had commenced. The findings in relation to this are detailed in outcome 10.

An up-to-date policy on the creation of, access to, retention of, maintenance of, and destruction of records was in place.

The directory of residents had been amended to include the matters in paragraph 7 - 9 of Schedule 4 of the regulations as specified in HIQA's Regulatory Guidance on Directory of Residents.

A recent photograph of each resident was maintained in their personal plan folders.

**Judgment:**

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:***

Lorraine Egan  
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 The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003451
<b>Date of Inspection:</b>	08 June 2016
<b>Date of response:</b>	27 July 2016

### 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 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

The centre did not have a risk register for the assessment, management and ongoing review of risk.

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



**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The Provider has developed a new risk management system which has been implemented in the designated centre since 13th July following an on-site meeting between the PPIM and the Provider's Health and Safety Officer. Full population of the register will be completed by 15th August 2016
- Three categories of operational risk are included: Risk to Service Users, Site specific risk, and Generic Risk.
- Work has been undertaken with immediate effect which will identify existing and potential new risks. The risk register will be maintained as a live document and updated as new risks are identified.
- Personal Emergency evacuation plans have been reviewed and updated to include the sequence of evacuation from the centre in the event of fire or other emergency.

**Proposed Timescale:** 15/08/2016

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

It was not evident that every effort was being made to ensure that residents were supported to access opportunities for education, training and employment.

**2. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The Educational and employment profiles were reviewed and documented with the residents on the 10th July. Following on from the review contact has been made with local agencies with regard to two individuals within the service. Progress from these contacts will be reviewed and documented on a quarterly basis to ensure a positive outcome for the individuals.

**Proposed Timescale:** 10/07/2016

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain a description of the rooms in the centre including their size and primary function.

**3. Action Required:**

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

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

The statement of Purpose was updated on 20th June to include the requested changes and forwarded to the Authority. Some further amendments have now been made on 27th July to reflect the new Person in Charge and include room layout plans and measurements for the centre.

**Proposed Timescale:** 27/07/2016

### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The information specified in Schedule 2 was not in place for staff working in the centre and employed by external service providers.

**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:**

- Each individual staff member including all external employees now have a staff profile which identifies all the information required in schedule 2
- Garda vetting forms and references are in place for all staff members. The new PIC and PPIM are working with all staff to ensure that all staff files contain all of the required information including full employment history.

**Proposed Timescale:** 31/08/2016

**Theme:** Responsive Workforce

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

A training needs analysis had not been carried out and some staff did not have access to all required training.

**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:**

Learning needs analysis is carried out at both national and local service level. This incorporates three strands of identified learning need:

- Mandatory statutory training is included on the Learning Needs analysis for all centres. ( For example Moving and Handling, Fire Safety)
- The Provider's Learning & Development Manager, in consultation with the Heads of Function, identifies organisational training needs, in each of their areas of expertise. This identified training is included in the national training plan for the year for all services, and is revised on an annual basis.
- Local Personal plans identify the care needs for the individuals being supported in a service. These care needs may necessitate training/refreshing of staff in the provision of certain aspects of care. When such learning gaps are identified in the local service, there is a clear process whereby the Service Manager discusses the learning need with the National Learning & Development Manager, and the relevant trainers are identified to provide this training to staff. Local Service Managers ensure that the training is completed, and records are maintained in the local training folder and in the national database. Monthly statistics are returned by the L&D Manager to the local and Regional Managers which enables the efficient management of all training, and ensures that training is provided and/or refreshed when required.
- An analysis has been undertaken by the service coordinator/PPIM for the needs of the designated centre, including mandatory and locally specific training. This was completed and documented on 14th July 2016
- A Training course will be arranged as soon as possible for new hires and any staff who have not received it on a) Positive Behavioural supports, b) dysphagia c ) Food hygiene
- An updated National Induction Programme is now in place. This takes place in our National Office on a rolling basis to ensure all new staff have a consistent induction experience.

**Proposed Timescale:** 15/09/2016