

**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 Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005035
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<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:
25 May 2016 10:00	25 May 2016 17:45
26 May 2016 10:00	26 May 2016 13:00

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 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Inspectors were informed that the provider was applying to decrease the occupancy levels previously stated in the application to register this centre. This was in response to findings on the previous inspection that some residents living together were not compatible. A resident had moved to another centre and a senior manager told inspectors it was intended that one house would provide a service for the three remaining residents only. Inspectors were told the provider would formally inform HIQA by submitting an amended application to register the centre.

On the previous inspection it had been acknowledged by the provider that one house did not meet the needs of residents. In addition, the tenancy agreement was not secure as it was a short term lease. While measures had been taken to refurbish the house, and one resident had moved to another centre, the security of the tenancy remained unresolved. A senior manager outlined the provider's plan for residents to move to alternative suitable housing. However, the provider had been unable to find alternative housing. The senior manager said the provider would continue to

endeavour to find suitable alternative housing. In the interim, he said a three year tenancy contract with the landlord could be agreed. He said proof of this would be submitted to HIQA.

#### Background to the inspection

This monitoring inspection was carried out to assess if the provider had addressed the actions as outlined in the response to the action plan of the inspection which took place on 25 November 2015. In each outcome, inspectors focused on the actions taken by the provider to achieve compliance with the failings identified during the previous inspection.

#### How we gathered our evidence

As part of the inspection, inspectors spent some time with five residents. One resident was at a planned medical appointment, one resident availed of a part-time service and was not in the centre on the day of the inspection and one resident was staying with family overnight.

Residents were unable to verbally express their views of the quality of the service, but inspectors observed residents interacting with staff. Staff were seen communicating with residents using communication methods consistent with their assessed needs. Residents appeared relaxed and happy in the company of staff.

Inspectors also spoke with staff members, the person in charge and a person participating in the management of the centre. Inspectors observed practices and reviewed documentation such as residents' support plans and incident/accident logs.

#### Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, inspectors found that the service was being provided as described in that document.

The centre comprised of two houses located in the same geographical area. One house was within walking distance of the town centre while the other was located a short drive from the nearest town. Residents in both houses had access to private transport which enabled them to access local amenities. One house met residents' assessed needs in regard to the physical premises and the other house was undergoing refurbishment to ensure it would meet residents' assessed needs.

#### Overall judgment of our findings

Inspectors were 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.

Inspectors found further improvements were required in the following areas:

- Contracts for the provision of services were not in place for all residents (Outcome 4)
- Some residents' social care needs had not been assessed for 2016 (Outcome 5)
- The refurbishment of some aspects of the centre had not been completed

(Outcome 6)

- Improvement was required to the assessment of risk in part of the centre

(Outcome 7)

- The statement of purpose did not contain all information required (Outcome 13)
- Access to required training for all staff (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:**

The provider had addressed the actions required from the previous inspection of the centre. Residents were no longer present in the centre when meetings were taking place, the restrictive practices which had been implemented to support one resident had been removed and the number of residents living in one house had decreased as one resident had been supported to move to a different centre.

The centre was undergoing refurbishment and when this was completed a resident would have separate private living space which, inspectors were told, would best meet their assessed needs.

Residents had access to toilet facilities at all times and there was a lock on the bathroom door to ensure residents' privacy and dignity was respected while they were using the bathroom.

**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 speech and language therapist (SALT) had carried out an assessment of residents' communication needs. Inspectors viewed the assessments, observed staff interaction with residents and spoke with the person in charge and staff working in the centre.

Inspectors observed staff communicating with residents in line with their assessed needs. Recommendations arising from the SALT assessments were in the process of being implemented. There was a plan in place to ensure all staff working in the centre received training in the methods used by, and recommended for use by, residents living in the centre. The person in charge told inspectors that all recommendations made by the SALT would be implemented.

**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):**

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

**Findings:**

Inspectors viewed a sample of residents' contracts for the provision of services. Although it was evident the contracts had been reviewed, some did not detail the fee to be charged and others had not been signed as agreed by the provider and/or the resident or their representative.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Progress in addressing the actions required from the previous inspection was evident. The provider had provided training and support for staff in assessing residents' social care needs and assisting residents to identify goals which would positively impact on their quality of life. The person in charge outlined the progress made since the previous inspection of the centre and acknowledged that some timelines outlined in the action plan response had not been adhered to.

Inspectors viewed residents' personal plans and saw that some residents had been supported to identify goals. Personal planning meetings had taken place with some residents, their family members, staff and relevant members of the multidisciplinary team and management team. A planning meeting for a resident was taking place on the day of the inspection. Documented minutes of planning meetings were maintained in residents' personal plans.

However, some residents social care assessments had not taken place in 2016. Inspectors were told dates for planning meetings had been set and that this would be prioritised to ensure that residents' social care needs and goals were identified.

Residents' goals which had been identified in 2015 had been reviewed and information on whether or not the resident had achieved the goal was documented. However, there was no evidence that the effectiveness of the 2015 plan had been assessed. Inspectors were told this would be addressed in 2016 as the training and support provided to staff in regard to the assessments would include the assessment of the effectiveness of the plans at the end of 2016.

The arrangement to meet the specific assessed needs of a resident for private space had not been addressed. However, it was evident that the decrease in the number of residents living in the house and the removal of restrictive measures had positively impacted on residents' quality of life. Inspectors were told that structural work had been delayed due to circumstances outside of the provider's control.



**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):**

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

**Findings:**

One house had been refurbished and redecorated since the previous inspection. The house appeared brighter and more 'homely' as a result of the refurbishment.

Some refurbishment was ongoing and some aspects of the structural work required had not been addressed. A person participating in management told inspectors this was due to unforeseen work which was required when part of the centre was being refurbished.

Inspectors were told the remainder of the work required which included the provision of private space for a resident, the repair of the path in the back garden and the repair or replacement of gates at the entrance to the property would be prioritised. Other planned work included redecorating a resident's bedroom and an en suite toilet and painting the living room.

**Judgment:**

Non Compliant - Moderate

**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 replaced two doors in one house with fire doors which contained cold smoke seals and were connected to the fire alarm. One door was located between the kitchen and the hallway and the other door was located between the living room and the hallway. The provider had removed the second door in the kitchen of the house and replaced it with a block wall.

The person participating in management told inspectors that the provider intended to put a fire door between the living room and the area which contained a resident's bedroom, a bathroom and a staff office. At the time of the inspection this bedroom was not in use.

The risks which had been identified in one house at the previous inspection had been addressed or were in the process of being addressed. Handrails had been fitted at the slope in the hallway floor. As outlined in Outcome 6, planned works for repairing the garden path and replacing the gates at the front of the property had been delayed.

The measure to restrict residents accessing the kitchen had been removed. Residents accessed the kitchen freely and inspectors were told that staff provided support and supervision when residents were using the kitchen. A risk assessment to identify any risk and any required control measures had not been completed prior to or following the removal of the restrictive measure. The person in charge told inspectors this would be addressed.

**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:**

Inspectors did not inspect all aspects of this outcome.

The use of restrictive procedures had been reviewed and some restrictive practices had ceased. Private space for a resident had been identified and, although there was a delay in refurbishing this area, inspectors were told this would be prioritised.

Inspectors noted that the transition of a resident to another centre and that the decrease in the number of residents living in one house had a positive impact on residents' lives and had addressed concerns relating to the risk of peer to peer abuse in the centre.

**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 sets out a statement of 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 was provided, reflected the diverse needs of residents.

Some aspects of the statement of purpose did not meet the requirements of Schedule 1 of the regulations. The full-time equivalents for each grade of staff or management working in the centre was not included.

**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:**

As evidenced in this report, the provider had implemented systems to address the non-compliances identified at the previous inspection of the centre and ensure the service provided was appropriate to residents' needs.

An annual review of the quality and safety of care in the centre had taken place.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

The actions which had been taken by the provider to address the non-compliances identified at the previous inspection of the centre showed that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

**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:**

Staffing levels in one house had been amended to include staffing in the mornings to support a resident due to their specific healthcare needs. An inspector was told this was now included in the staffing budget for the house and the centre's statement of purpose had been amended to show this.

Volunteers working in the centre had their roles and responsibilities set out in writing and these had been signed by the volunteer, the person in charge and the person from the external agency who held responsibility for arranging the placements and supervising the volunteers.

Inspectors were told there was a process in place to ensure volunteers received appropriate support and supervision and did not work alone with residents.

Staff had received training in epilepsy.

One staff member had not received training in responding to behaviour that is challenging and required updated training in manual handling. The staff member was not working in the centre on a regular basis and inspectors were told this would be addressed.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The up-to-date version of the policy on recruitment, selection and Garda vetting of staff was in the centre.

Information on how to access inspection reports on HIQA's website had been added to the guide for residents. However, it referred only to HIQA's website and did not include how residents would be supported in line with their assessed needs to access the information. Inspectors discussed this with the person in charge and persons participating in the management of the centre at the meeting held at the end of the inspection. Inspectors were told copies of the reports were held in each house and that every effort would be made to ensure residents were aware of the findings and of the actions the provider has taken and is taking to address the findings.

**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 Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005035
<b>Date of Inspection:</b>	25 May 2016
<b>Date of response:</b>	26 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Some residents' agreements for the provision of services did not include detail of the fees to be charged.

<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 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All resident's agreements now contain the details of the fees being charged.

**Proposed Timescale:** 07/06/2016

**Theme:** Effective Services

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

Some agreements for the provision of services had not been signed as agreed in writing by the provider or a person nominated by the provider and by the resident or their representative.

**2. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All agreements have been signed by the residents or their representatives and the person nominated by the provider.

**Proposed Timescale:** 07/06/2016

**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:**

A comprehensive assessment, by an appropriate health care professional, of the personal and social care needs of each resident had not been carried out on an annual basis for all residents.

**3. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.



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

All Personal Outcomes Plans have been assessed and completed for 2016. The Outcomes for 2015 and the goals for 2016 have been reviewed by the Person in Charge and a facilitator from the Quality Department of the Service. The individual private space has been put in place for one resident.

**Proposed Timescale:** 15/07/2016

**Theme:** Effective Services

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

Personal plan reviews did not assess the effectiveness of each plan.

**4. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All social care assessments have been completed. All outcomes from 2015 have been reviewed with staff, Person in Charge and the Quality Enhancement Department. Staff have been supported by a facilitator from the Quality Enhancement Department to assess goals and identify new goals in line with the needs and wishes of the residents which address their social care needs. When developing plans and identifying new goals the team will evaluate how the previous plan and goals supported the skill development, social care needs and wishes of the resident.

**Proposed Timescale:** 15/07/2016

**Theme:** Effective Services

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

Specific required arrangements to meet the assessed needs of a resident were not in place.

**5. Action Required:**

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

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

A private sitting room has been put in place for one resident.

**Proposed Timescale:** 15/07/2016

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

Some aspects of the centre did not meet the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre).

**6. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

All the outlined and identified work is now completed. A private sitting room for one resident has been made available. The path to the clothes line in the back garden is now repaired. The gate at the front of the house has been repaired. Re decorating has been completed throughout the house.

**Proposed Timescale:** 15/07/2016

## 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 system in place in the designated centre for the assessment and ongoing review of risk was inadequate and ineffective.

**7. 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:**

A risk assessment to identify any possible risks following the removal of a restrictive hatch preventing full access to the kitchen has been carried out.

**Proposed Timescale:** 15/07/2016

### 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 all the information set out in Schedule 1 of the regulations.

**8. 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 has been amended and completed in line with the regulations

**Proposed Timescale:** 27/05/2016

### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Not all staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

**9. 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 staff in question, who is a locum staff member has been booked on the next available relevant training courses.

**Proposed Timescale:** 30/09/2016