

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ash House (Oswald Villas House 2)
<b>Centre ID:</b>	OSV-0005306
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Declan Moore
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 04 July 2017 10:00 To: 04 July 2017 16:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

The purpose of this inspection was to assess the centres on-going level of compliance against the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. (The Regulations)

The Health Information and Quality Authority (HIQA) first inspected this centre in September 2015, which witnessed strong levels of compliance with the Regulations and resulted in the registration of the centre.

This monitoring inspection found that the centre continued to demonstrate strong levels of compliance with the Regulations.

Overall the inspector found that the quality of care and support being provided to the residents was to a good standard, there were effective systems of governance and management in place and the centre was being audited and monitored as required by the Regulations.

How we gathered our evidence:

As part of the inspection, the inspector met briefly with one resident and one staff

member. The resident in question appeared content and comfortable in the presence of both management and staff working in the centre.

The inspector also met and spoke at length with the Quality and Safety Advisor of the organisation (this person was responsible for carrying out announced and unannounced visits to the each designated centre in the organisation and writing up reports on the findings)

The person in charge was spoken with at length over the course of this inspection and the director of services attended feedback on completion of the inspection.

The inspector also spoke with a family member over the phone. The family member in question was very keen to inform the inspector that the care and support their relative received was excellent, staff were very supportive and they had no concerns whatsoever about the centre.

Documentation such as residents' care plans, positive behavioural support plans, risk assessments, hygiene audits and the annual review of the quality and safety of care were also viewed as part of this inspection.

Description of the service:

The centre comprised of a single storey detached house on a campus based setting belonging to St. John of God Services in County Louth and provided accommodation for 3 residents. The premises were warm, clean and personalised to residents' individual preferences.

Each resident had their own bedroom and the inspector observed that they had their own personal belongings such as pictures of loved ones and family members on display.

There were a range of small villages and towns in close proximity to the centre however, due to its rural location private transport was required to access these amenities. It was observed that the centre had access to transport as and when required.

Overall judgment of our findings:

Overall, the inspector found that management and staff had addressed most of the issues that were raised in the Registration inspection of this centre in September 2015 and continued to demonstrate strong levels of compliance with the Regulations at the time of this inspection in July 2017.

The quality and safety of care being delivered to the residents was to a good standard and a family member of one of the residents spoke very highly of the care their relative received in the centre.

It was also observed that the person in charge knew the residents well and the resident at home on the day of this inspection appeared comfortable and at ease in the company of both management and staff.

The person in charge was only six weeks in her role at the time of this inspection it was observed that she had set about prioritising and addressing the issues as identified in the centres comprehensive auditing process.

Of the eight outcomes assessed five were found to be compliant including Safeguarding, Governance and Management, Risk Management, Healthcare Needs and Medication Management. Social Care and Premises were found to be substantially compliant while Workforce was assessed with a moderate non compliance.

These outcomes are further discussed in this report and 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 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:**

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre and a range of social and recreational activities were available for residents to choose from. However, the monitoring and oversight of the implementation of some social care goals required review.

The inspector found that the care and support provided to the residents was to a good standard and from a small sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support and intimate care requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspector, it was observed that most goals were being documented and a plan of action in place to support their achievement.

However, and as identified above some basic goals had not been achieved and there was no evidence available (or written documentation) to explain why this was the case.

That said the social care activities provided and offered to residents was to a good standard. For example, on the day of this inspection two residents were holidaying in Limerick and as part of that holiday one was being supported to attend a close relative's

birthday party.

The inspector also saw photographic evidence that residents were recently supported to go on a cruise

Residents, if they so wished had the opportunity to attend a day activation services where they had the option to engage in activities such as pottery, painting and social outings. The inspector saw some of the residents finished paintings and pottery which they had on display in their home.

It was also observed that residents who liked to avail of complimentary therapies were regularly supported to do so.

**Judgment:**

Substantially Compliant

**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:**

The inspector found that the design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. However, a minor issue was identified regarding adequate provision of a private garden area for residents to avail of.

The centre comprised of a single detached, three bedroom house in Co. Louth and was in close proximity to a number of towns and villages where residents had access to a range of community based amenities such as shopping centres, shops, restaurants, hotels and pubs.

Accommodation comprised of three single occupancy bedrooms, which were suitably furnished taking into account the residents needs and individual preferences. There were also a large well equipped communal bathroom/shower room available to residents as well as a large well equipped separate bathroom.

A small separate very well furnished sitting room was available to residents and could

also be used to accommodate visitors.

There was a small porch/sunroom available in the centre and a large open plan sitting room/dining room area inclusive of a very small kitchen area. Because of the size of the kitchen, there were limitations on the availability of appliances and storage space. However, as this centre was on a campus, all meals were delivered to the centre from a centralised kitchen.

The inspector did observe that some basic meals could be provided for in this kitchen and residents were also offered a choice of meals from the centralised kitchen.

The centre was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were personalised to residents' individual taste and a separate storage room was available for wheelchairs and other appliances.

The house had well maintained gardens areas however, the gardens did not offer privacy to the residents and it was observed there was no garden furniture for residents to avail of.

There were adequate arrangements in place for the disposal of waste and ample warm water and hand sanitizing gels available throughout the centre.

The inspector found that the house was personalised to the residents' likes, there were pictures of the residents on the walls and each resident had pictures of their loves ones and family members on display in their bedrooms. Residents also had their paintings and pottery on display in the centre.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre. It was also observed that the issues identified on the Registration inspection in September 2015 had been adequately addressed.

There was a Health and Safety Statement in place which was specific to the centre as



was there a policy on risk management The risk management policy was found to be comprehensive and met the requirements of the Regulations. The centre also had a risk register which was made available to the inspector on the day of inspection.

The inspector was satisfied that where a risk was identified it was being adequately addressed and actions put in place to mitigate it.

For example, where a resident was at risk of falling it was observed that a number of interventions had been put in place to address this. A falls risk assessment was in place, where required a review by the occupational and/or physio therapist had been facilitated, grab rails had been installed in bathrooms and on each entrance to the house and a hoist was available to the centre.

There was also good evidence available that the centre responded to and learned from any adverse incident occurring and there was a system in place to review all incidents and accidents.

The person in charge said that should an adverse incident occur in the centre (which was rare) it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

The inspector also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked/serviced by a consultancy company in March 2017

There was also emergency lighting and fire doors in place and documentation read by the inspector informed that staff did checks on escape routes and fire alarm panel. Weekly checks were also carried out on manual call points, emergency lighting and fire doors.

Fire drills were carried out as required and all residents had up to date individual personal emergency evacuation plan in place. It was observe that there were no issues identified in the last fire drill carried out in February 2017.

As already noted earlier in this report, there was adequate hand sanitizing gels, handing washing facilities and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety. It was observed that some staff members required refresher training in dysphasia and manual handling however, this was dealt with under Outcome 17: Workforce.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were adequate arrangements in place to ensure the residents safety and all required policies and protocols on safeguarding residents were available on the day of this inspection.

There was a policy on and procedures in place for, safeguarding residents and residents also had access to independent advocacy if required. It was also observed that contact details were readily available in the centre for the National Safeguarding Office, the designated officer and the complaints officer.

The person in charge informed the inspector that there were currently no safeguarding concerns in the centre. The inspector did not get to speak with any frontline staff members as part of this inspection as they were facilitating holidays with residents or engaged in social activities with them.

However, a family member spoken with informed the inspector that their relative was very well cared for in the centre and they would have no concerns for their overall safety or wellbeing.

They also said that if they did have any concerns they could talk to management and staff at any time, but have never had to do so as the care and support provided to their relative was excellent.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. From a small sample of documentation viewed, personal intimate care plans were seen to be informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support and staff were trained in the management of behaviour of concern that included de-escalation and intervention techniques as required.

There were also guidelines and protocols in place on the use of restrictive procedures. (These guidelines formed part of the policy on positive behavioural support). There were some physical restrictions in use in the centre however, it was observed that they were

to ensure the residents safety and were regularly reviewed.

Some p.r.n. medicines were also in use but again, it was observed that they were rarely administered (and if they were it was as a last resort), there were strict protocols in place for their administration and medication was routinely reviewed by the general practitioner and/or consulting psychiatrist.

Some gaps were identified in refresher safeguarding training and for the management of behaviour of concern however, it was observed that there was a schedule of training in place to address these gaps. This was dealt with under Outcome 17: Workforce.

Residents' finances were not checked as part of this monitoring inspection.

**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):**

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

**Findings:**

The inspector found that there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from multidisciplinary professionals as and when required.

From a small sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, clinical nurse specialists, speech and language therapists, occupational therapists, opticians and mental health professionals were arranged and facilitated if required. Where requested, access to complimentary therapies was also provided for.

The designated centre supported residents with other health related issues and where required residents had access to psychiatry supports and a clinical nurse specialist in behaviour to support positive mental health and wellbeing.

It was also observed that hospital appointments were facilitated as and when required.

Residents with epilepsy were regularly reviewed and in-depth care plans were on file to support these residents experience best possible health.

The inspector also found that arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis.

An issue was raised regarding residents not being supported to buy and cook their own meals in the last inspection however, this was discussed and dealt with under Outcome 6: Premises.

**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 medicines management policies were satisfactory and that practices described by the person in charge who was on duty on the day of this inspection were suitable and safe.

There was a medicines management policy in place in the centre with the overall aim being to ensure safe and effective administration of medication in line with best practice.

A locked medicine press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any medication errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. However, it was also observed there had been no recent medication errors on record in the centre.

Medications were regularly audited and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

Actions arising from audits were also being implemented. For example, the last audit recommended the replacement of dispensing containers. By the time of this inspection they had been replaced.

As required (p.r.n.) medicines had strict protocols in place for their use and were kept under review. However, from a sample of files viewed it was observed that p.r.n. medicines were not in regular use in this centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service provided to the residents

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. She was only in this role for six weeks at the time of this inspection however, it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspector found that appropriate management systems were in place for the absence of the person in charge as there was a clinical nurse manager 1 working in the centre who would manage the day to day operations of the centre in the absence of the person in charge.

There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen incident or emergency.

There was an annual review of the safety and quality of care available in the centre and the person in charge ensured that local audits were facilitated by her staff team.

The organisation's quality enhancement team made announced and unannounced visits to the centre and also undertook audits as part of their remit.

Overall the inspector was assured that the process of auditing was bringing about positive changes to service delivery and audits were resulting in plans of action being drawn up in order to address areas of non compliance.

For example, an audit in January 2017 identified issues regarding the governance and management arrangements in place for the centre. This had been addressed by the time of this inspection.

Audits also identified that some health assessments were not up to date. Again this issue was addressed by the time of this inspection.

Staff supervision records were not checked as part of this monitoring inspection.

Throughout the course of the inspection the inspector observed that the one resident at home was familiar with the person in charge and appeared very comfortable and content in their presence.

**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 there was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents however, some gaps were identified in staff training.

There was a team that consisted of a person in charge (registered nurse) a clinical nurse manager I and health care assistants working in the centre.

Two residents were on holidays on the day of this inspection and the third resident was engaged in their daily activities, so the inspector only briefly got to meet this resident and support staff for a short period.

However, during this short period it observed that the resident received assistance in a dignified, timely and respectful manner. A family member also spoken with by the inspector as part of this inspection spoke very highly of both management and staff working in the centre.

The person in charge met with her staff team on a regular basis in order to support them in their roles, as did the clinical nurse manager 1. However, supervision notes were not viewed by the inspector on this monitoring inspection.

As was found in the Registration inspection of this centre, there were gaps identified in staff training. However, these gaps related to refresher training only in safeguarding, dysphasia, infection control and manual handling.

The inspector was assure that this would be addressed as a priority and was shown a schedule of upcoming training dates and courses that staff were to attend.

**Judgment:**

Non Compliant - Moderate

## 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:***

Raymond Lynch  
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 St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0005306
<b>Date of Inspection:</b>	04 July 2017
<b>Date of response:</b>	20 July 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some basic social care goals were not being achieved and it was not documented or recorded as to why this was the case.

**1. Action Required:**

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



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 resident had one of his three goals unmet at the time of inspection (meet family member for lunch, about halfway between Drumcar and Limerick), but it was superseded by an opportunity to return home for a holiday, which happened 3 & 4 July 2017.

1. Social goals record has been updated to reflect the changes described above.
2. Three new goals have now been set with the support of the resident's keyworker.

Proposed Timescale:

1. 14 July 2017
2. 14 July 2017

**Proposed Timescale:** 14/07/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

A private garden facility or garden furniture was not provided for the residents to avail of.

**2. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A garden area had previously been identified, but the cost for the development was considered excessive at the time. A smaller, more suitable garden area has since been identified, at an estimated cost of €7,500.

1. A suitable garden will be established with appropriate garden furniture.

**Proposed Timescale:** 20/09/2017

**Theme:** Effective Services

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

The layout and design of the kitchen did not promote adequate opportunities for

residents to be supported to buy, prepare and cook their own meals.

**3. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The kitchen layout has been reviewed and a plan agreed at the DC level, which will afford residents greater access to (and use of) their kitchen. Design plans agreed and the estimated cost €7,000) approved

1. Kitchen layout will be modified to meet the needs of residents as discussed in the inspection report.

**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:**

Some staff required refresher training in safeguarding, dysphasia, manual handling and infection control.

**4. 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:**

1. A training schedule has been developed to address the outstanding refresher training needs identified in the inspection (safeguarding, dysphagia, manual handling and infection control).
2. Training schedule will be monitored through to completion.

Proposed Timescale:

1 17 July 2017

2 20 September 2017

**Proposed Timescale:** 20/09/2017

