Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Greenville House
Centre ID:	OSV-0002113
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Cork Association For Autism
Lead inspector:	Cora McCarthy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 December 2017 09:30	05 December 2017 17:30
06 December 2017 09:30	06 December 2017 14:00

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

Outcome 05: Social Care Needs
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 inspect against a representation submitted by the provider. While the previous inspection was also carried out against the provider's representation to the issuance of a notice of proposal to cancel and refuse registration, a decision was made following that inspection to afford the provider more time to implement their action plan.

Since February 2017, the provider had received substantial support from their main funder, the Health Service Executive (HSE), to address the failings cited as grounds in the notices of proposal. This support took the form of placement of a contracted provider which included a chief executive officer, clinical and quality personnel to provide leadership and guidance and to implement improvements to the service being provided on the ground. A governance review had been commissioned by the HSE and was completed in December 2017.

How we gathered our evidence:
As part of the inspection, inspectors met with 11 residents, the provider representative, the person in charge, the social care leader, a number of staff on-duty and a quality manager. Inspectors also reviewed relevant documentation, including recently completed assessments for residents, behaviour support plans, the

risk register and a sample of care plans.

Description of the service:
The centre provides residential care specifically for adults with autism. The centre is set in five acres of land outside a village in a picturesque environment and there is also a day service and other facilities, such as horticulture and outdoor gym equipment in the grounds. The centre comprises a main house and six cottages and can accommodate 13 residents. The main house can accommodate five residents and the cottages can accommodate either one or two residents.

Overall judgement:
The previous inspection identified initial improvements to the service being provided and this inspection evidenced further and significant progress. A complete review of all aspects of quality and safety of care and support to residents had taken place. These changes were clearly demonstrated as being driven by a person-centred approach. Priority assessments of need and behaviour support plans had been developed and new care plans were being developed. A new medication management system had been implemented and was effective in reducing medication errors and the audit system ensured learning from serious events. The risk register had been revised. Supervision, training and up-skilling of staff was being provided. While further progress was required in a number of areas, changes to date had resulted in demonstrable improvements for residents in terms of reduced incidents and behaviours of concern.

While work in relation to the following had commenced, two failings remained at the level of moderate non-compliance:
- a requirement for further input from multidisciplinary team including medical review and behaviour support input (Outcome 5)
- a plan in relation to the governance and management arrangements for this centre in the medium- to long-term (Outcome 14).

The inspection findings are detailed in the body of this report and required actions outlined in an action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
Overall, satisfactory progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome. An assessment of need was carried out for residents. Residents' assessments had multidisciplinary input although this was on a referral basis and was not a formal process. One resident in particular required a full medical review and assessment by a multidisciplinary team. The sample of personal plans the inspector viewed detailed the individual needs and choices of the resident and were in the process of being implemented.

The provider had ensured that arrangements were in place to meet individual residents' on-going needs and to ensure that there were adequate arrangements in place for review of residents' personal plans and behaviour support plans. However one behaviour support plan did require professional input and oversight by a specialist in the area of behaviour support. Behaviour support input was also required for two residents who demonstrated behaviours of concern around the regulation of certain foods and drinks. The provider committed to increasing the hours of the behaviour support specialist to facilitate this.

The provider had made progress in relation to securing the services of appropriate healthcare and allied health professionals required to complete comprehensive assessments of need. The services of a clinical psychologist had been secured with priority assessments completed for residents who required psychology input. Where residents required more immediate inputs, for example, by dietetics, these had also

been sourced and completed assessments were informing the care to be provided to individual residents. However one resident in particular required a full medical review and input from a multidisciplinary team review due to their complex medical needs. Communication and sensory assessments were required for some residents and one resident had a support plan in place for a feeding and swallowing difficulty but no risk assessment; this will be discussed under Outcome 8. As stated previously multidisciplinary input was on a referral basis, however in the longer term the provider had secured multidisciplinary supports that would ensure that a comprehensive assessment of needs would be completed for all residents and a commencement date was provided for these professionals to begin this process.

Personal planning meetings had taken place with involvement of residents and their representatives. The provider outlined that this process would be strengthened once a full multidisciplinary team was in the place.

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):
No actions were required from the previous inspection.

Findings:
Overall, satisfactory progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome. There were policies and procedures in place for risk management and emergency planning. The centre also had policies in relation to health and safety.

At this inspection, progress had been made with respect to development of the risk management policy and risk register. The risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was a robust system in place to ensure that all incidents were reviewed by senior staff on duty and were reported to senior management of the service. It was demonstrated that there was learning from serious and adverse events. There was a proactive quality and safety committee which reviewed all incidents and accidents on a monthly basis, including any medication errors.

The designated centre had a risk register in place which identified most key risks. However where a resident had a support plan in place to address issues they had with feeding and swallowing, a risk assessment had not been completed. Where a risk assessment had been completed for each hazard, control measures were outlined. Each

resident also had a summary individual risk register that identified specific risks relevant to each resident. This risk register allowed for escalation of risks to the corporate risk register.

Incidents were being logged and reviewed weekly at health and safety meetings and on a monthly basis by senior management. A review of the incident log demonstrated that incidents were being effectively analysed with action plans developed to address any areas of concern.

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):
No actions were required from the previous inspection.

Findings:
Overall, satisfactory progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome.

Residents had access to a psychiatrist. A psychologist had completed or commenced assessments for residents on a priority-needs basis.

A behaviour specialist was providing support to residents, along with advice and training to staff. However, while a number of positive behaviour support plans had been developed with input from appropriate professionals in this field, not all had. Inspectors reviewed an example of a positive behaviour support plan that had been developed by the staff team. The person in charge committed to this being addressed as the behaviour analyst had been assigned to provide this support.

A log of restrictive practices was maintained and notified to HIQA each quarter. Any chemical restraint was overseen by a consultant psychiatrist. A restrictive practice committee had been recently re-convened for the service. Evidence to support the use of any restrictive practices was sought by the committee before sanctioning any practice. The representative of the provider agreed that the committee required further

review and development to ensure its effectiveness.

Some gaps had been identified in relation to safeguarding training. Further sessions were required and had been scheduled by the end of the inspection. This will be addressed under outcome 17. Training in relation to positive behaviour support had also been provided.

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:
Overall, progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome. Work had been completed in relation to residents' care plans. Further improvement was required to ensure that residents had access to the full range of multidisciplinary supports that they required and that there was follow through on recommended actions by healthcare professionals.

Residents had access to a general practitioner (GP) of their choice, to out-of-hours GP services and to consultants.

As previously mentioned under outcome 5, the provider was actively sourcing the services of allied health professionals, as appropriate to residents' needs. The services of a clinical psychologist had been secured, with a full multidisciplinary team to commence shortly.

The social care leader and a clinical nurse specialist had been working with the staff team to develop new care plans for residents. The inspector reviewed a care plan that had been developed for a resident with multiple and complex needs and found that it clearly directed the care and support to be provided.

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

Findings:
Aspects of this outcome were inspected as they related to the grounds cited in the notices of proposal to refuse and cancel the registration of this centre. At the time of inspection, adequate reassurances were not provided in relation to the safe management of medication.

At the previous inspection, the social care leader outlined a new system that would be implemented to support safe medication management. A policy had been developed and approved by the Board that outlined the new system. This new medication management system was rolled out to staff with training delivered by a community pharmacist. The new auditing system involved monthly internal audits and quarterly audits by a community pharmacist.

On this inspection, this new system had been implemented:
- transcribing of medicines by staff was no longer practiced
- arrangements in place for the storage of refrigerated medicines were satisfactory
- a medication audit had been carried out in December 2018 by the community pharmacist which documented any medication errors and actions from this audit were being implemented by the provider.
- instructions for the use of medicines taken as required (PRN) and chemical restraint were in line with the instructions of the prescriber
- risk assessment for residents to self-administer medicines were being completed
- a new system was implemented for the safe disposal of medicines
- information of the side effects of medicines had also been provided by pharmacist for staff knowledge.

The inspector reviewed a sample of prescription and administration charts and noted that they contained all the information required to enable staff to safely administer medicines. All medicines were individually prescribed. The inspector noted that the maximum dosage of PRN medicines was prescribed and all medicines were regularly reviewed by the GP.

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

Findings:
Relevant grounds cited in the notices of proposal to refuse and cancel registration of the centre were included in this inspection. Overall, the board of Cork Association of Autism had received support from their main funder, the Health Service Executive (HSE) to address the failings cited as grounds in the notices of proposal. This support took the form of placement of a contracted provider which included a chief executive officer, clinical and quality personnel to provide leadership and guidance and to implement improvements to the service being provided on the ground. A governance review had been commissioned by the HSE and was completed in December 2018. In light of the uncertainty regarding the future governance and management of the centre but acknowledging the improvements made by the contracted management team this outcome will be at the level of moderate non compliance.

The review of governance and management of the service had been completed by the HSE and discussions were ongoing regarding the future governance and management structure within the organisation. An annual review of the safety and quality of care in the centre was carried out provider which was informed by a service user survey.

A HSE senior manager was supporting the human resources (HR) function within the service. The HSE had provided clinical support in the form of a secondment for a half day a week to this service; this was now had ceased. However the external contracted provider had identified the requirement for additional clinical oversight and had seconded a person on a full-time basis to provide this support for an agreed period of time.

In addition, a social care leader was providing support to the clinical nurse manager and senior managers. The social care leader demonstrated that she was following through on required actions and understood the nature of the challenges in the service. The post of the person in charge had been filled by a suitably qualified and experienced manager.

Inspectors found that the recruitment of a suitably qualified and experienced manager to the service had resulted in significant progress in addressing deficits relevant to the quality and safety of the service being provided to residents. These changes were clearly demonstrated as being driven by a person-centred approach. Improvement was evident in the areas of assessments of need and the development of care plans, revision of the

corporate and local risk registers and policies to underpin the care and support to be provided. In addition, a system of staff supervision had been introduced, lines of responsibility had been clarified and a new team leader structure had been implemented to strengthen the support being provided to frontline staff. While further progress was required, changes to date had resulted in demonstrable improvements for residents in terms of reduced incidents and behaviours of concern.

Judgment:
Non Compliant - Moderate

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:
Overall, satisfactory progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome.

At this inspection, inspectors found that a training needs analysis had been completed across the service and staff training needs were being continuously reviewed. A training matrix had been developed. Some gaps were identified in relation to safeguarding and medication training. Safeguarding training was scheduled while inspector was on site. Some training in the areas of autism specific training, communication and sensory needs training were required for staff.

A supervision policy and programme had been devised and had commenced. A senior manager had been identified to provide training in relation to the supervisory process for all engaging in the supervision process. Inspectors viewed a document clarifying roles and responsibilities within the service, so that all management and staff grades would be clear in relation to their own role, responsibilities and reporting relationships. A new team leader structure had been rolled out, where team leaders would support staff on the ground, for example in relation to implementing care plans and behaviour support plans. The representative of the provider confirmed that team leaders were being up skilled and would supported by management to carry out their role through a competency assessment framework. Team meetings also took place with a pre-agreed

agenda.
Judgment: Substantially 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:

Cora McCarthy
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[1]

Centre name:	A designated centre for people with disabilities operated by Cork Association For Autism
Centre ID:	OSV-0002113
Date of Inspection:	05 & 06 December 2017
Date of response:	15 February 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One behaviour support plan required professional input and oversight by a specialist in the area of behaviour support. Behaviour support input was also required for two residents who demonstrated behaviours of concern around the regulation of certain foods and drinks.

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

1. 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:
Behaviour support plans are under a further review across residential services at present - An internal referral system has been developed to ensure all behaviour support plans are designed by the staff team / keyworkers in conjunction with Positive Behaviour Support Specialist and reviewed within prescribed timeframes. Key-work sessions are then carried out with service users to ensure full comprehension and agreement where possible.
Existing PBS plans are currently being assessed across the service to ensure compliance to this new system and redeveloped where necessary or signed off by PBS where compliant.

Proposed Timescale: 31/03/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' personal plan required more formal multi disciplinary input, not just on a referral basis.

2. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
The organisation's MDT input is provided through trainings & briefings, assessments and recommendations at present.
Monthly clinical care / Multi- disciplinary Team meetings, incorporating MDT attendance, involvement & input have been scheduled as follows;
5 March; 13 April; 11 May and 15 June

Proposed Timescale: 15/06/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Where a resident had a support plan in place to address issues they had with feeding and swallowing, a risk assessment had not been completed.

3. 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 has been completed in this case. The assessment includes an operating procedure for the preparation of foodstuffs to mitigate against the risks associated with difficulties feeding and swallowing.
Individual and site specific risk assessments are under ongoing review across the service.

An assessment will also be followed up with the SALT

Completed 13th December 2017 & 30 March 2018

Proposed Timescale: 30/03/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The restrictive practices committee required further review and development to ensure its effectiveness.

4. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The restrictive practice committee meets on a quarterly basis to review existing practice with a view of reducing or removing practice which acts as a barrier to full participation by our service users. Participants include an Independent External Senior Health Consultant, Assistant Director, PIC, Positive Behaviour support specialist, social care leaders, and staff team leaders. Changes to care plans and support plans are circulated immediately to core staff teams for feedback and implementation. The scope of the committee has broadened to include restrictions on service users when in the community or accessing other services.

16th January 2018 and quarterly

Proposed Timescale: 16/01/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While a number of positive behaviour support plans had been developed with input from appropriate professionals in this field, not all had. Inspectors reviewed an example of a positive behaviour support plan that had been developed by the staff team.

5. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
The organisation ensures the least restrictive practice is used, regular Restrictive Practice meetings take place to ensure this in occurs. These meetings are chaired by an Independent External Senior Health Consultant.
An internal referral system has been developed to ensure all behaviour support plans are designed by the staff team in conjunction with Positive Behaviour Support Specialist and reviewed within prescribed timeframes.
Existing PBS plans are currently being assessed across the service to ensure compliance to this new system and redeveloped where necessary or signed off by PBS where compliant. Every existing PBS plan will have oversight by PBS specialist by the date below.

Proposed Timescale: 31/03/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A plan had not been agreed that detailed the governance and management arrangements for this centre in the medium- to long-term.

6. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
A Review was commissioned by the HSE into the organisations medium to long term plan; this was undertaken by an Independent Consultant. The recommendations identified three options, the HSE are working on identifying the most appropriate option for the services.

Proposed Timescale: 28/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some training in the areas of autism specific training, communication and sensory needs training were required for staff.

7. 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 organisation maintains a training matrix and forecasts training needs. A person has been identified to ensure the training matrix is maintained and that there is full compliance.
Training completed 01/01/18 to date as follows:
03/01/18 Safeguarding training - 18 participants
09/01/18 Manual handling – 5 participants
15/01/18 Hand Hygiene Train the Trainer (HSE) – 4 participants
16/01/18 MAPA training 14 participants
22/01/18, 23/01/18 MDT Training - Autism Awareness, Sensory Integration, Positive Behaviour Support (provided by Assisted living Ireland) 26 participants
01/02/18 Medication management 11 participants
02/02/18 Buccal / Stesolid training 10 participants
13/02/18, 15/02/18, 16/02/18 MDT Training - Autism Awareness, Sensory Integration, Positive Behaviour Support (provided by Assisted living Ireland) 18 participants

Positive Behaviour Support Specialist presented to two teams on behaviour support and autism awareness in January.
TEACCH training incorporating PBS and Visual Aids to communication is scheduled for 20/03/18 – 23/03/18. Staff availing of this training module will be chosen on the basis of the needs of the specific service user with whom they work.

23/03/2018 and monthly monitoring

Proposed Timescale: 23/03/2018