

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Bramble House
<b>Centre ID:</b>	OSV-0005692
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Saint Patricks Centre (Kilkenny)
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	3

## **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 1 day(s).

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

From: 05 December 2017 10:45 To: 05 December 2017 16:30

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to Inspection:**

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Saint Patrick's Centre, Kilkenny (the provider) was received. The provider was seeking to register this building in order to support three adult residents move to the community from the congregated Saint Patrick's Centre campus. This was the centre's first inspection, not all outcomes were reviewed on this inspection.

**How we gathered our evidence:**

The inspector spoke with the management team identified for the centre including the identified team leader and director of service about the service to be provided. The residents intending to move into the centre was not available to speak with during the inspection. The inspector however, had met all three residents during inspections on the campus of Saint Patrick's Centre previously and had spent time with each of them during those inspections.

The inspector reviewed a sample of documentation such as health care assessments, transition planning, staff training records and risk assessments. A visual inspection of

the premises both inside and out was also carried out during the inspection.

**Description of the Service:**

The centre comprised of a detached pleasant, homely bungalow with capacity to support three residents. It was maintained to a good standard and was situated in a rural location outside a village in County Kilkenny. While the centre's location was rural it was within 15 minutes driving distance to a town where residents could access a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels. This proposed move to the community would provide residents with greater social inclusion opportunities.

The provider had also purchased a vehicle for sole use for the designated centre to ensure residents' community access was supported as much as possible.

**Overall judgment of our findings:**

This inspection found that the centre was compliant or substantially compliant across all nine outcomes assessed on inspection.

The designated centre would provide residents with a low arousal environment while providing residents with opportunities to engage in gardening and horticulture in the garden space to the rear of the property. Residents intending to move to the centre had been identified as persons with an enjoyment of spending time in nature and horticulture. The provider had refurbished the property to a good standard with a newly fitted modern kitchen and appliances for the provision of home cooked meals.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was assured when the proposed centre was operational, the care and support as described by the person in charge, provider and documentation reviewed would be consistent and provide for the residents' assessed needs and wishes.

The inspector reviewed residents' personal plans and associated transition planning. The residents' needs had been assessed through a comprehensive allied health professional framework.

Allied health recommendations and reviews were evident in the personal plan and had been taken into account by the provider when identifying their new home. It was also evident that a person-centred approach had been taken by the provider to support residents in choosing their prospective new home and.

The centre would provide a vehicle to meet the resident's needs and this would be for the sole use of the resident and assigned to the designated centre.

Systems were in place to ensure person centred goals for the resident would continue and new goals would be established to reflect the resident's new living environment and community location.

Residents would maintain their allied health supports from Saint Patrick's Centre when they moved to the centre and allied health professional assessments and recommendations would be maintained in their personal planning when they transitioned fully to the designated centre.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The premises was suitable for its stated purpose. It was found to be relatively spacious and homely inside.

The proposed centre provided three reasonable sized en-suite bedrooms. The house also provided adequate communal and private spaces for residents. Residents had been supported to choose soft furnishings and decorations for their proposed new home bedrooms. Overall, the centre presented as homely and comfortable.

A washing machine and dryer were available in the centre. Suitable kitchen appliances were available and storage options were also adequate.

It was also observed that arrangements for the safe disposal of general waste were in place.

Two accessible bathroom/shower rooms were available and there were also an adequate number of toilets available to accommodate the needs of residents.

The centre was adequately ventilated and there was also adequate lighting throughout. Maintenance checks of oil heating would also be included in ongoing operational maintenance checks by the person in charge and provider. Cleaning schedules were in place and the person in charge would be responsible to oversee the cleanliness of the property on an ongoing basis through audits and spot checks, staff supporting the resident would be responsible for the daily upkeep of the centre.

Front, rear and side access to the property was available. The provider had risk assessed the area to the rear of the property and had instated some risk management systems to ensure the garden was a safe and accessible to residents.

The rear of the property also provided a large garden space with vegetable beds and

fruit trees and a poly-tunnel. Horticulture and gardening had been identified as an activity residents intending to move to the property were interested in. This arrangement would provide residents with an opportunity to engaged in pastimes suited to their interests and abilities when they moved into the property.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the proposed centre if risk management systems were effectively implemented by staff, team leader and the person in charge.

As required by the regulations the organisation had a policy on risk management which included the provider's system for management of specific risks as set out in the regulations. The provider had compiled a risk register which included some environmental hazard identification and risk assessments related to specific personal risks for the resident intended to move to the centre.

Incidents and accidents would be documented on a paper system by staff if and when they occurred. The provider was in the process of changing over to an electronic recording system in the near future.

Fire fighting equipment was installed and had also been serviced by a consultancy company in December 2017. All recommendations arising from the consultants visit to the centre had also been implemented by the time of this inspection. Emergency lighting was in operation and a range of fire fighting equipment, including fire extinguishers and a fire blanket were also in place.

The centre was also fitted with a new and functioning fire alarm, smoke and heat detectors were located at specific points in the building.

Documentation reviewed by the inspector outlined plans in place to carry out regular fire drills. A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Daily checks of escape routes would also be carried out and from a small sample of files reviewed most staff had attended fire training as required. The provider was required to ensure all staff intending to work

in this centre had appropriate fire safety training.

Adequate arrangements were in place for the promotion of infection control. Some improvements were required in relation to the specific management procedures for an identified personal risk which could pose infection control implications. The person in charge was required to develop a specific infection control management procedure which staff would implement in response to any occasion the infection control personal risk occurred in the centre.

Staff identified to work in the proposed centre had received training in manual handling.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had ensured there were adequate measures in place to protect residents from being harmed in the centre if implemented effectively by staff, team leader and the person in charge of the centre on a consistent, ongoing basis.

There were policies and standard operating procedures in place on supporting vulnerable adults. This was to ensure all residents availing of Saint Patrick's Centre, Kilkenny services were protected from abuse of any kind and outlined the responsibility of staff and management in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

Designated officers for the organisation, Saint Patrick's Centre, their photographs and contact details were on display in the centre.

A policy on safeguarding vulnerable adults was in place which followed the National Safeguarding policies and procedures. The provider was currently reviewing this policy to incorporate Saint Patrick's Centre, Kilkenny specific arrangements. The policy was at review stage with an external person who would provide an objective critique of the



policy before being signed off by the provider.

The inspector reviewed a sample of training records which informed that most staff had received specific training in this area. However, there were some gaps noted with regards to refresher training in the area of safeguarding vulnerable adults.

There was a policy and register in place for the use of restrictive practices, overall there would be a limited requirement for restrictive practices to be used in this centre. Appropriate procedures and policies were in place for the use of prn (as required) medication for the management of behaviours that challenge.

The inspector reviewed the behaviour support planning for residents identified to transition to the proposed designated centre. The support plan set out information related to the living arrangements residents were residing. This behaviour support planning would be updated and dated when residents moved to the proposed centre. An appropriately qualified and experienced behaviour support specialist would update residents' behaviour support planning when they transitioned to the proposed centre.

A recommendation of a low arousal environment had been identified as an environmental accommodation to support residents intended to move to the centre. Residents' current living arrangements could not provide this type of environment. The proposed centre would provide these arrangements to meet residents' identified needs.

Intimate care planning was in place and on review by the inspector found to be informative and comprehensive promoting the resident's independence as much as possible.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had implemented systems to ensure the health needs of residents intending to transition to the centre would be regularly reviewed with appropriate input from multidisciplinary allied health professionals as and when required.

Personal planning information evidenced residents had received regular and as required

access to a GP, visits to the dentist and a comprehensive assessment of need by a range of other allied health care professionals such as speech and language therapist (SALT), psychiatrist, dietician and physiotherapist.

Provisions were also in place for residents to continue to receive an annual health check and as required blood tests.

Some residents required specific epilepsy care planning in place. Suitable healthcare planning was in place for each resident requiring these supports and staff identified to move to the proposed centre had experience of supporting these residents' epilepsy care needs.

A resident had been identified as requiring specific healthcare management for head injuries which could occur as a result of them engaging in behaviours that challenge.

The provider was required to ensure all staff identified to work in the proposed centre were suitably trained in how to carry out head injury neurological observations and also to ensure appropriate head injury care planning was in place to guide staff and instruct them of signs and symptoms that may indicate emergency medical treatment was required as a result of a head injury.

Adequate equipment and space was available in the house to provide residents with home cooked meals and appropriate size dining space to eat meals with visitors and/or staff. A record of foods consumed by the resident was already in place and would continue to be implemented when they transferred to the centre.

Due to the vegetable garden and poly –tunnel provided with the centre it was hoped in the future residents could use home grown produce as part of their meals in the centre.

As residents had previously received their main meals from a centralised kitchen in Saint Patrick's Centre, staff would be required to prepare home cooked meals in the new designated centre. This would ensure meals were tailored specific to the needs and personal preferences of residents and provide a more naturalised living experience for residents whereby they would participate in preparation of meals and could anticipate their meals while they were being prepared and cooked.

This sensorial experience has been absent in residents' lives while living on the campus of Saint Patrick's Centre.

The director of services for Saint Patrick's Centre informed the inspector that staff would receive a session in how to prepare meals and meal provision ideas and that a plan was in place for this to occur.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The medication management policies and procedures for the proposed centre if implemented and consistently monitored would ensure safe and effective medication management for residents.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications.

The policy was also informative on how to manage medication errors and systems were in place in the centre for the documentation and reporting of medication errors.

A safe storage space had been identified for the resident's medication. Medications were supplied using a pre-dosed blister pack system and a community based pharmacist would dispense the resident's specific medication.

Regular medication audits were also to take place within the centre by the person in charge and team leader for the centre.

The provider had trained staff intended to work in the centre in how to administer the resident's medication. Most staff had received this training with further training dates identified for staff that had not received the training. The staff roster would be arranged to ensure a staff member trained in safe medication administration were on each shift.

A resident specific medication management support plan was also in place for each resident which outlined specifically how staff were to administered the resident's medication to suit their individual identified needs and preferences.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had produced a statement of purpose which described the service the designated centre would provide the resident intending to transition to the centre.

The provider was required to revise the statement of purpose to reflect a change in governance arrangements for the person in charge of the centre and governance arrangements for the centre in their absence. This was submitted shortly after the inspection and therefore this outcome was deemed compliant.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had created governance and quality assurance systems to ensure their oversight of the quality of care residents would receive when they moved to the proposed designated centre. Governance and management systems would be monitored and developed on an ongoing basis. However, the provider had not demonstrated that the identified person in charge of the centre would meet the specific requirements of Regulation 14 in relation to management experience.

Arrangements were already in place for an annual review of the quality and safety of care delivered to the residents. Arrangements would also be in place for centre specific audits to be carried out in the centre by the person in charge and team leader as part of an annual schedule of operational audits to ensure the quality of care received by residents was in line with the regulations.

There was a clearly defined management structure in place that identified the lines of authority and accountability.

On the day of inspection the inspector found the proposed person identified to be the person in charge to be a suitably qualified and competent person to carry out the role of person in charge of the centre. However, the provider had not demonstrated that they had the appropriate experience of management to meet the requirements of regulation 14.

The provider was informed of this during the course of the inspection and following their assessment made arrangements to appoint another person to be the person in charge of the centre who would meet the requirements of regulation 14 and its sub-regulations. The provider notified the Chief Inspector of these changes shortly following the inspection.

The notified person in charge was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development and held a professional nursing qualification and had completed a management course in 2017.

A team leader would work on a full time basis in the centre to provide operational management oversight. A quality and compliance manager and their team would also provide a governance oversight function within the centre and carry out the regulatory required six monthly provider led audits of the centre.

Management on-call arrangements were also in place and a roster of on-call managers would be emailed to the person in charge and staff of the centre each week identifying what manager was on-call.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of the resident.

The provider had also implemented organisational systems to ensure staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A sample of staff files were reviewed during inspection and found to meet Schedule 2 requirements.

The provider had identified that they required for a temporary period, a second staff member at night to support a resident during their transition to the proposed centre. The provider would employ an additional agency worker at night time during the transition time and review the staffing arrangements when residents had fully transitioned.

The inspector reviewed the provider's arrangements for this.

A member of human resources within the organisation during the course of the inspection emailed the inspector indicating the provider had a memorandum of understanding in place between them and the agency they used, ensuring any agency staff member that worked in the centre was appropriately vetted and trained to work with residents proposed to transition to the centre.

From a sample of files viewed, staff had attended a range of training in areas such as positive behavioural support, safe administration of medication, manual handling and fire safety training.

There were however, gaps identified in training for staff which impacted on them being able to implement risk control measures for the resident identified to move to the centre. For example, not all staff had received training in how to administer emergency response medication for the management of seizures, safe administration of regular medication, implementation of neurological observations and management of head injuries.

There were also gaps in staff training in relation to food safety and hygiene.

The provider was required to review this and address the issue prior to the resident fully transitioning to the designated centre

There were arrangements in place for the provision of supervisory meetings with each staff member. These would be facilitated by the person in charge. A calendar supervision schedule had been drafted which would be implemented when the designated centre opened.

No volunteers were identified to work in the centre.

**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:***

Ann-Marie O'Neill  
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 Saint Patricks Centre (Kilkenny)
<b>Centre ID:</b>	OSV-0005692
<b>Date of Inspection:</b>	05 December 2017
<b>Date of response:</b>	29 December 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 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:**

Some improvements were required in relation to the specific management procedures for an identified personal risk which could pose infection control implications.

#### 1. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a

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



healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

There is a daily cleaning schedule in place for staff to complete in relation to cleaning the bathroom/ shower room, kitchen and bedroom. The infection control; policy provides guidelines in relation to general house hold cleaning and decontamination. A specific SOP is developed in relation to the cleaning of body fluids and body excrement to help guide staff and prevent of any infection control implications.

**Proposed Timescale:** 31/12/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The provider was required to ensure staff could implement post head injury observations, implement post head injury care planning and know the signs and symptoms that may require an emergency reponse in the event of a head injury.

**2. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Head injury assessment and completion of neurological observation was circulated to all staff in a practice development update. How to complete the Glasgow coma scale recordings is added to the agenda of the staff meeting in Bramble house on the 16th of January and will be discussed and demonstrated to all staff by the two nurses as part of the Bramble team

**Proposed Timescale:** 16/01/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There were however, gaps identified in training for staff which impacted on them being able to implement some risk control measures for residents identified to move to the centre.

**3. 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:**

A fully training schedule has been developed so all staff have either completed or are booked into up and coming training that they will need to support the people living in Bramble house. Training will be incorporated where possible into the rota to allow staff complete training within their working weekly hours.

**Proposed Timescale:** 28/02/2018