Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Pilgrim House Community Ltd</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008129</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:ba.ryan@yahoo.com">ba.ryan@yahoo.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Pilgrim House Community Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bridget Ann Ryan</td>
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<tr>
<td>Person in charge:</td>
<td>Bridget Ann Ryan</td>
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<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 10 June 2014 09:30
To: 10 June 2014 16:00

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

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<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of this community based residential centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

The residential service is provided by the Pilgrim House Community (PHC) a voluntary organisation whose main objective is to 'provide dignified living conditions and housing for persons with significant disabilities and high levels of dependence'. PHC provides its residential services to people with disabilities and people without disabilities living together as a shared way of life. This means that the staff; who are viewed as the 'anchor persons' by PHC live within the centre, some on a fulltime basis while others who also sleepover within the house, but on a less than full time basis. These anchor persons will be referred to as staff for the purpose of this report. There was no plan to recruit any additional staff and the centre was not open to new admissions.

A management committee plans and reviews the service provided and also has financial responsibility for the designated centre. The management committee was made up of the five members of staff as well as a parent of one of the residents.

Five residents have been supported to live in this way for approximately the past 20
years, with the last admission having taken place approximately 15 years ago. The inspector met all residents and three members of staff during the course of the inspection.

During this inspection eight outcomes were inspected against. Good practice was found in relation to meeting the social care needs of those availing of the service. However, major non compliances were identified in relation to five of the outcomes inspected against. These included the areas of health and safety, medication management, governance and management, workforce and statement of purpose. There was also moderates non compliance identified under the outcomes of safeguarding and healthcare needs.

The action plans at the end of the report reflect the specifics of the outcomes that were not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
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 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

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:

Findings:
The inspector found that each resident was being supported to pursue meaningful activities appropriate to their interests. In general the inspector found that residents were involved in the development of their plans and staff provided a good quality of social support to residents.

Each resident had a personal which while brief, contained key information on the preference of each resident in relation to their assessed need, interests and capacities which was reviewed every two weeks for effectiveness and reflecting the regular changing needs of the client group. This process created a new 'personal plan' every two weeks, and focused upon a regular 'work of life' as it was referred to within the centre. This effectively ensured that residents participated in the tasks of daily living as well as art, cooking and drama workshops. Outdoor and physical activity was identified as a high priority for residents and all residents participate in physical activity on a weekly or daily basis such as gardening, housework, swimming, walking, weights and three residents were also members of a local gym.

Personal plans were reviewed at the monthly management committee meetings which comprised of all five staff and a parent of one of the residents. There was evidence of a lot of family engagement and contact. Regular occasions were celebrated within the centre such as Easter and Christmas and birthday parties. One family had also hosted a celebration for all staff and residents in their own home. On the day of inspection, two residents were celebrating birthdays and these residents were supported to go into the city and meet up with their mothers in order to celebrate the occasion.
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:
There were significant non compliances identified in the area of health and safety and risk management. There were minimal or no arrangements in place to identify and manage risk. Specific non compliances were identified in the areas of risk management, emergency planning and fire precautions.

The inspector read the health and safety statement which was not dated and provided inaccurate or out of date information. For example, while it referred to risk assessments being in place, there were no written risk assessments and the guidelines for residents and staff who smoke were outdated as all staff and residents now smoke outside the premises only. There was no risk management policy document as set out in the Regulations and no specific risks had been identified.

There was a basic fire plan on display within the centre which identified the three exits and referred generally to the need to leave the premises in the event of a fire. However, staff were not trained in fire safety and there was no emergency lighting in place. There were also no individual risk assessments in place and no related evacuation plan. There were fire extinguishers and a fire blanket in place however, there were no service records available. The centre also relied upon domestic smoke alarms and did not have a certificate of compliance in relation fire safety. However, regular drills were taking place and these were recorded. There had been two drills to date in 2014 and the inspector noted from minutes of a committee meeting reviewed that another fire drill was due to take place later in June. Despite the risks identified above, the inspector formed the view that as there were a minimum of three staff in the premises at all times, regular drills took place and all residents were independently mobile, this mitigated any immediate risk to residents.

Accidents, incidents and near misses were not being recorded. The person in charge informed the inspector about a recent incident where a resident had cut his hand leading to a need for stitches in an acute hospital. This incident was not recoded anywhere, including within the residents own notes. There was no effort to review accidents or incidents with a view to learning from them and reducing the risk of recurrence.

There was no emergency plan in place to guide staff in the event of such emergencies.
as power outages or flooding.

**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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**

Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvements were required in relation to the policy and while staff were knowledgeable about what constituted abuse, staff had not been provided with any training on the protection of vulnerable adults.

The policy on abuse prevention was very limited and only referred to the main types of abuse. There was nothing in the policy in relation to abuse prevention, possible signs of abuse or reporting procedures in the case of alleged or suspected abuse. While the safety statement stated that the 'organisation is committed to dealing effectively with the management and investigation of allegations of abuse, including prevention strategies', there was no guidance on how this should be done.

One resident required behavioural support interventions including restraint upon occasion. The resident had been restrained in the form of holding his wrists to prevent self-injurious behaviour in the past week. The inspector spoke about this in detail with staff and it was acknowledged that staff knew the resident well given that residents and staff had lived together in excess of fifteen years. Staff spoke proudly of the fact that this resident had not received mood altering or chemically restrictive medication since moving into the centre. However, there was no care plan in place relating to his behaviour and staff had not received any training in behavioural interventions both of which are requirements of the regulations. The numbers of times restraint was used was not being recorded or analysed for patterns of behaviour.

Staff were focused on the importance of promoting the safety and respect and encouraging the pursuit of independent lifestyles for each resident. The inspector observed staff interacting with residents in a respectful and polite manner and it was clear that there were very reciprocal relationships formed. There was no policy in
relation to intimate care and there were no individual guidelines in relation to personal care. However, staff referred to residents support needs in a very individualistic way and were knowledgeable about each residents support requirements. It was also a practice that male staff would only tend to the intimate support requirements of the all male residents.

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

**Findings:**

All of the residents' health care needs were well known to staff and staff spoken with could discuss a comprehensive medical history of all residents. However, this knowledge was not supported by relevant documentation, such as health care plans and medical notes. For example, while the inspector was told about specific appointments with medical consultants there were no records of these visits. In addition, while residents attended a General Practitioner (GP) every August for a full medical review there was no record of these visits either.

As there was no documentation in relation to residents health status the inspector had to rely upon verbal information. The person in charge informed the inspector about a number of medical issues that individual residents presented with including insulin dependent diabetes and a rare skin condition. There were no health care plans in place outlining their support requirements. While it was determined that residents health care needs were met, the lack of documentation meant that identified needs could not be appropriately assessed.

All residents were involved in meal planning and preparation relevant to their individual choice and preference. The inspector noted that some of the residents shopped for groceries, other assist with cooking and baking, while others set the table, all of which added to the sense of occasion.

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:
The inspector found that there were no operational policies relating to medication management in place and that staff had not been provided with training in the safe administration of medication (SAM).

The person in charge had implemented the use of an administration sheet to record when medication had been given to residents. However, this sheet did not have all of the required information as the person who administered the medication was not identifiable and the times of administration were not identified. There was no prescription sheet and staff were guided by the pharmacy labels on bottles.

There was no prescribing information available within the centre, as prescriptions were kept with the local pharmacist.

Medication was being stored safely in a locked box. PRN (as required) medication was not used.

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

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:
There was no written statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Some information which should be included within the statement of purpose such as the arrangements made for dealing with reviews of the resident's individual plan and the...
staffing compliment was documented, but not as part of a statement of purpose.

### 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

**Judgement:**
Non Compliant - Major

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

**Findings:**
The governance and management arrangements were not clearly identified. For example, while the same person had been identified to the Authority as person in charge and provider nominee this person was unclear of the legal responsibilities and regulatory requirements relating to both of these distinguished roles. There was a management committee in place comprised of the five members of the workforce and a parent of one of the residents. This committee met on a monthly basis and reviewed the quality of care and experience of the residents primarily by reviewing the personal plans of residents. This committee was not deemed to be sufficiently robust to provide adequate management and quality of care to residents given that there were five major non compliances identified within this report. There was no formal review of the quality and safety of the centre carried out by or on behalf of the provider as required within the Regulations.

The person in charge informed the inspector that the centre was not open to admissions and did not plan to recruit any staff in the traditional sense, describing the service as a 'way of life' with the five staff being involved in the service since its founding. The person in charge also emphasised the reliance upon this group of five, highlighting the fact that the service could not operate if one of these people had to cease this work for any planned or unplanned reason. For this reason, the longer term planning needs and supports requirements of the residents had not been considered and there was no form of succession planning in place. The person in charge/provider stated that longer term planning had not been considered and however, she acknowledged this was required for the residents living in the centre. It was not clear what would happen to the residents if the reliance upon the sense of commitment from the workforce could not be sustained, which directly impacts upon the sustainability of the service.
**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:**
Respnsive Workforce

**Judgement:**
Non Compliant - Major

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

**Findings:**
There was no recruitment policy in place as the centre does not recruit staff. All staff had worked in the centre in excess of 15 years and were part of setting up the organisation. The centre operated as a community and did not recruit or refer to staff in any traditional sense.

There were no staff files containing documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. In addition, key safeguarding practices such as having all staff members Garda vetted had not been completed.

Staff knowledge of residents was clearly demonstrated by the knowledge that has been developed over years of working and living together. This level of support also provided a consistency within the care provided to residents. There were a minimum of three staff on duty at all times, including at night to meet the support requirements of all residents. There was a gender balance maintained within the staff on duty to meet the support needs of residents. For example, only male staff supported male residents in the areas of personal care.

There was no staff rota in place, although the staff on duty are agreed at monthly committee meetings. There were two staff who lived in the house at all times, and three others who provided additional support. There were never less than three staff on duty at any given time.

There was no staff training plan in place and staff had not received mandatory training in the areas of safeguarding vulnerable adults, fire safety, first aid (refresher) and manual handling.
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

*Report Compiled by:*

Michael Keating  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
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<tr>
<td>Date of Inspection:</td>
<td>10 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10 July 2014</td>
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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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was no risk management policy in place. Therefore the risk assessment requirements of all related Regulations (26.1 (a-e)) could not be met.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
We are currently working on a written risk management policy which will include hazard identification and assessment of risks.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 30/09/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no system in place for the assessment, management and ongoing review of risks, and there was no plan in place for responding to emergencies.

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

**Please state the actions you have taken or are planning to take:**
The risk management policy will include the measures and actions in place to control the risks identified.

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**Proposed Timescale:** 30/09/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no emergency lighting within the premises.

**Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
Action 1 – we have spoken to the landlord about the emergency lighting and he has agreed in principle to its installation.  
Action 2 – we have arranged an appointment with a Fire Safety Consultancy Firm for August 14th, 2014 and the landlord will be at that meeting to discuss the installation of emergency lighting.

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**Proposed Timescale:** 14/08/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff had not received training in fire safety
**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
Action: We have made an appointment for training in fire safety for August 14th, 2014

**Proposed Timescale:** 14/08/2014
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire fighting equipment had no record of when it was last serviced.

**Action Required:**
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

**Please state the actions you have taken or are planning to take:**
The fire fighting equipment will be serviced on August 14th, 2014 and records kept.

**Proposed Timescale:** 14/08/2014

**Outcome 08: Safeguarding and Safety**
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff were not trained in responding to behaviours that challenge and in de-escalation techniques.

**Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
Training has been sought from a qualified MAPA instructor (Camphill Communities of Ireland) and will take place in the next six weeks.

**Proposed Timescale:** 31/08/2014
### Theme: Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no review of interventions through the individual personal plan.

**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:**
From the date of inspection a review of interventions was included through the individual personal plan. Over the years we have developed a very effective code of restrictive practices based on patience and respect. This has emerged out of our long-standing relationships with the individual (s) concerned. We will present this in written form.

Proposed Timescale: Done, and ongoing to be completed by 30/09/2014.

### Proposed Timescale:

**Theme: Safe Services**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not received any training in the safeguarding of residents and the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Training has been sought by a certified instructor and will take place in the next six weeks.

### Proposed Timescale: 31/08/2014

**Theme: Safe Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre did not have an appropriate policy on the prevention, detection and response to abuse.
### Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
We are currently working on an appropriate policy on the prevention, detection and response to abuse which will include guidance on how the policy is to be put in place.

**Proposed Timescale:** 30/09/2014

#### Outcome 11. Healthcare Needs

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Healthcare needs and requirements for residents' were not documented within personal care plans.

**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:**
This documentation has already begun.

**Proposed Timescale:** 31/08/2014

#### Outcome 12. Medication Management

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no appropriate policies and procedures in place relation to safe administration of medication practices

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
Policies and procedures in relation to safe administration of medication practices are currently being drawn up and will be acted on, for example updated training in the administering of medicine.
Proposed Timescale: 31/08/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no written statement of purpose with the information contained as per Schedule 1 of the Regulations.

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

**Please state the actions you have taken or are planning to take:**
Written statement of purpose is currently being worked on.

Proposed Timescale: 14/08/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management structure in place has not considered the on-going support requirements for its residents in the incidence of a reduction in the numbers of staff, which will bring into question the sustainability of the model of care, and on going operation of the centre.

**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:**
Action 1: A more comprehensive definition of a management structure is being examined and it will address the questions raised in the inspection report.
Action 2: Since the inspection we have clarified that we are open to admissions.
Action 3: Since the inspection we have discussed the questions raised in relation to sustainability in the event of an unforeseen reduction in the number of staff and have agreed to strengthen our links and working arrangements with other centres with a
similar ethos whom we could draw from for support in the event of any change in our numbers.

**Proposed Timescale:** 30/09/2014  
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
A separate person in charge and nominee provider had not been identified.

**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:**  
Action: As above.  
(b) At the last meeting of the management committee a separate person in charge and nominee provider was identified.

**Proposed Timescale:** 30/09/2014  
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no formal annual review of the quality and safety provided in the centre.

**Action Required:**  
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**  
We will ensure there is an annual review of the quality and safety of care in accordance with standards and will do the first review in December 2014.

**Proposed Timescale:** 31/12/2014

**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 no staff files providing the documentation as required within schedule 2 of the Regulations.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Though the inspection report acknowledges that we do not view ourselves as staff, we will ensure that all relevant documentation will be in place.

Proposed Timescale: 30/09/2014
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documented staff rota available.

Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Documented rota now in place.

Proposed Timescale: In place now and ongoing.

Proposed Timescale:
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no training plan in place and staff had not been provided with mandatory staff training.

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:
Action 1: Two people are booked to do refresher courses in First Aid in August 2014.
Action 3: Fire safety training will be done on August 14th, 2014.
Action 4: Training in medication management will be done in Connolly Hospital on August 28th and with the GP who prescribes for the centre on August 27th.
Action 5: Safeguarding training to be carried out on
Action 6: We have applied for Garda clearance.

**Proposed Timescale:** 31/08/2014