# 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 Acquired Brain Injury Ireland</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0007789</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Cork</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:lspogler@abiireland.ie">lspogler@abiireland.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Acquired Brain Injury Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Barbara O’Connell</td>
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<tr>
<td>Person in charge:</td>
<td>Lisa Spogler</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O’Mahony</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

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

From: 03 July 2014 10:15  
To: 03 July 2014 19:30

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

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<thead>
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<th>Outcome</th>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<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 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

The Health Information and Quality Authority's first monitoring inspection of this centre was announced. As part of the inspection the inspector met with residents, the person in charge, the area manager, the social care leader and the rehabilitation assistants. The inspector spoke with the person in charge and discussed the management and governance arrangements for supporting staff in their roles. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as medication management, accidents and incidents, personal plans, staff files, the emergency plan and training records.

The person in charge informed the inspector that she endeavoured to provide a person-centred service to effectively meet the needs of residents. On the day of inspection there were five residents in the centre. While the inspection was in progress the residents were seen to be going out to attend appointments and to be engaged in their various allocated duties in the house.

The centre was located in a quiet residential estate and the house was a dormer type bungalow. Residents were involved in maintaining the plants outside and there was a shed, a smoking area and a large patio table in the garden. The person in charge informed the inspector that one of the residents paints the outdoor furniture on a yearly basis. Residents were engaged in art classes and the inspector saw that a colourful collage and paintings by the residents were displayed on the walls.

The action plan at the end of the report identifies areas where improvements were 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 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:**
This was the centre’s first inspection by the Authority.

**Findings:**
Each resident's wellbeing and welfare was maintained by a high standard of evidenced based care and support. Each resident was facilitated to participate in meaningful activities appropriate to their interests and preferences. The inspector was informed by residents and staff that there were a number of options available to them in relation to activities and work. The inspector noted that residents were involved in the organisation of the daily routine in the centre including cooking, laundry and shopping. The inspector spoke with the residents throughout the inspection and they outlined their interests and their goals for the future.

For residents who required a wheelchair, there were access, independence and mobility issues because of the narrow doorways. The inspector noted that hand injuries had been sustained because of the need to manoeuvre a wheelchair through door space that was too narrow. The person in charge referred the inspector to an assessment by an occupational therapist carried out in April 2014. This outlined in detail the required building adjustments and this had been sent to the relevant authorities for approval and funding. However, residents who were not independently mobile were clear that the location of the premises did not promote independence as it was at the top of a steep hill and transport was required for all outings.

The residents spoke with the inspector about a number of off-site activities they enjoyed
including shopping, bridge, men's shed, life skills training, going out to a local restaurant, walking, art, and attending training workshops. Other residents spoke with the inspector about how they enjoyed relaxing at the end of the day, sometimes baking or watching television and listening to music. The inspector sat at the breakfast table with the residents and sampled the scones which they had baked in anticipation of the inspection. The inspector saw posters in the hallway and in each resident's bedroom informing them about the inspection and the person in charge had delivered a power point presentation about the Authority, to the residents. As a result of this preparation the inspector noted that the residents were fully informed about the regulatory process.

There was a good supply of board games, CDs, books and DVDs on offer. The residents invited the inspector to visit their bedrooms. These were seen to be personalised with furniture, pictures and bed linen purchased by the individual resident. They showed the inspector their personal selection of CD's and DVD's as well as their music centres and televisions. The bedrooms were furnished with good quality furniture and residents could lock their bedroom door to afford more privacy.

The person in charge showed the inspector the personal plans for each individual and it was evident that the residents had been consulted in the formulation and content of the documentation. The residents were able to access their personal plans at any time. The inspector viewed evidence that the residents had access to allied services such as the dietician, physiotherapist, occupational therapist, dentist and the general practitioner. Each resident had a 'portable medical profile plan' prepared in their file. Multi-disciplinary input was included in the personal plans. These were seen to be implemented and the inspector heard from the residents that there was recognition and support for their personal goals. There was a strong focus on rehabilitation and the services of the allied health professionals were utilised to improve but also to maintain their present strengths and abilities.

The person in charge told the inspector that residents would be supported to transition between services if this was necessary and the inspector was shown evidence of this for one resident. The residents had completed an advanced wishes care plan and this was reviewed on a regular basis. Residents received a copy of their weekly financial statement. There was a emphasis on promoting autonomy and some residents had been assessed to go out alone to appointments and various leisure activities. Some of the residents stayed out in a family member's home at weekends and others had gone abroad on holidays. The centre had the use of two cars.

The staff were trained in the PLISSIT model (Permission, Limited Information, Specific Suggestion, Intensive Therapy). This model supports staff in discussing issues of relationships with the residents. The inspector spoke with the regional manager who visited the centre during the inspection. She showed the inspector the booklet which she had developed on relationships and sexuality (RAS) to guide staff in recognising and understanding the needs of the residents in the area of friendships, relationships, sexuality and intimacy. Training had been undertaken by both staff and residents in this area.

Each resident had a named key worker responsible for ensuring that the set goals were reached. The residents were familiar with the names of their key workers and there
were large photographs of staff members in the kitchen as a memory aid. Personal plans were reviewed regularly and the inspector saw that each resident had signed all the relevant decisions and goals.

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**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:**

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

**Findings:**

The centre had a health and safety statement and it was updated regularly. It identified, assessed and outlined the controls required for certain risks in the centre.

Procedures were in place for the prevention and control of infection. Alcohol hand gels, plastic aprons and disposable gloves were available. Staff had training in the correct hand washing technique and there were Health Service Executive (HSE) leaflets on the correct procedure placed strategically near the sinks. Housekeeping and cleaning duties were carried out by the staff and the residents were included in the rota also. There were coloured coded systems in use for floor washing and food preparation. The person in charge said that senior staff had received training in food safety and that all staff were given instruction on safe food preparation, hand hygiene and food storage during their induction training. There was a labelling system in place for any food which was being stored in the fridge. There was a small freezer in the kitchen however, the inspector observed that the seal on the door was damaged and the cabinet was rusting on the outside.

There was a utility and laundry room which was used by both residents and staff and the equipment was in working order and in good repair. All of the residents had individual laundry baskets. There was a hot press in the centre and the inspector noted that there was a sufficient supply of clean towels and linen stored there.

The centre had a risk management policy and a risk register of the risks associated with the centre. There was documentation available in the centre which indicated to the inspector that there were discussions about serious incidents/adverse events involving residents at the handover meetings. There was no record, however, of the content of these discussions or of the learning which had taken place as a result of the incident. The risk management policy did not outline the controls in place for the risks which are specified under Regulation 26 (c). All risks in the centre had not been identified and assessed and these were pointed out to the person in charge during the inspection, for example there was no call bell available in the bathrooms. A further risk which required
assessment and controls was the risk of a resident falling during the night while the staff were on sleeping duty. The downstairs bathroom was in need of deep cleaning and some repairs were necessary to maintain a safe and hygienic environment.

A fire evacuation plan was in place and a safe placement for residents in the event of an evacuation was identified. Regular fire drill training was documented and there were personal evacuation plans for all residents. The centre had an evacuation pack ready and there was an agreement with the local hotel manager and the local general practitioner (GP) who would be available to support staff and residents. The residents were familiar with their evacuation plans and these were displayed in their bedrooms. The inspector noted that the fire extinguishers were serviced on an annual basis and the fire assembly points were identified. However, there was no emergency lighting system in place. There was also no fire alarm panel or centralised alarm system in place, which had been a recommendation on a previous Health and Safety audit. The centre did not have lighted fire exit signs installed and there was no fire compliance certificate available. The person in charge resolved to engage the services of the fire officer to review the fire compliance and to provide a fire safety certificate. Residents, with whom the inspector spoke, were aware of the external fire assembly points and pointed out these to the inspector. They told the inspector about their most recent fire drill and the procedure to be followed when a fire alarm sounded.

The inspector noted that fire exits were unobstructed. Staff spoken with by the inspector were aware of what to do in the event of a fire and were aware of the location of the fire exits and break glass panels. These were clearly signposted. They showed the inspector the personal evacuation plans for each resident. The procedure to be followed in the event of a fire was prominently displayed around the buildings. The centre was a smoke free zone. However, there were smokers living in the centre and the inspector saw the agreements they had signed as regards abiding by the 'no smoking' rule within the premises. Risks assessments had been done and the controls in place were being reviewed regularly as there had been an activation of the smoke alarm. These controls required review however, particular in regard to the arrangements in place for the location of cigarettes for residents, during the night, when staff were sleeping. There was also a need to revisit the controls in place for access to the garden at night from both inside and outside the building particularly unsupervised smokers. The inspector was shown an agreement signed by the residents about not smoking in the car and a risk assessment had been done to support this.

Staff had up to date moving and handling training, infection control, positive behaviour support and fire training among others.
**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:**
Compliant

**Outstanding requirement(s) from previous inspection:**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge informed the inspector that she was actively involved in the management of the centre. There was also a social care leader who was on duty each day. They expressed confidence of the safety of residents through speaking with residents and their family members and observing the interactions. The person in charge was aware of her obligation to report any allegation of abuse to the Authority.

Residents spoken with by the inspector said that the staff were caring and the inspector observed interactions between staff and residents which demonstrated a respectful attitude. They said they felt safe in the centre. Staff were supportive of residents if changes occurred which might increase their anxiety. For example, residents had been informed and reminded about the inspector’s visit. The residents were afforded privacy to speak with the inspector throughout the inspection.

There was a policy on the management of allegations of abuse which was up to date. There was a named person identified as the person responsible for investigating allegations and the responsibility to report any allegation to the Authority was documented. Training records indicated that all the staff had received training on the prevention and detection of abuse. The residents were aware of the name of key workers and understood that they could access an advocate and were familiar with the concept of advocacy. There was a folder on advocacy services on the table in the sitting room.

There was a policy on restrictive interventions which outlined measures to promote a restraint free environment. The policy listed alternative measures to the use of restraint. The staff had received training in positive behaviour support. The person in charge informed the inspector that all training is reviewed annually. There was also a policy on behaviour which challenges and this contained details of support for both residents and staff in understanding behaviour issues.
There were measures in place for the management of residents’ finances and there were records in a register of financial transactions made by and on behalf of residents. All transactions contained the signature of the resident and the staff member. Some residents had an individual box for their money in safekeeping, however, most of the residents went to the bank and were enabled to manage their money independently.

**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents had access to GP services and appropriate therapies, such as, the dentist, the psychologist, the dietician, the occupational therapist, and the speech and language therapist. In some situations the residents were enabled to independently visit their GP. There was evidence that residents had availed of allied health care services and specialist consultants. Residents could avail of the services of a dentist at least annually and the inspector noted that some residents were prescribed specialised mouthwash, toothpaste and mouthwash when necessary. Residents had been assessed by the dietician and there were posters in the kitchen to encourage healthy eating. Regular multidisciplinary input was evident in the personal plans. The residents were included in these reviews and the inspector viewed the records of recent meetings. The inspector saw signed agreements which the residents had drawn up for various aspects of their care. The residents had documented their advanced care plans. The inspector was informed by the person in charge that these were revisited at the review meetings.

The inspector noted that residents had access to refreshments and snacks with a selection of fresh fruit and home baked bread. The inspector observed that there were adequate stores of both fresh and frozen food in the house. Residents, spoken with by the inspector, indicated that there was a choice available to them and that their individual likes and dislikes were taken into account. Staff told the inspector that the residents would accompany them on shopping trips and be involved in writing up the shopping list. Some residents shopped independently.

The inspector observed that the ethos of the centre encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. This was supported by information in the personal plans viewed by the inspector. Staff were knowledgeable about residents’ health and social care needs and were observed to provide care as outlined in the personal plans. They gave detailed
information to the inspector about each resident and how their medical and social needs were met. It was evident to the inspector from talking to staff and residents that each person had opportunity to participate in activities, which included, walking, watching television and DVDs, cooking, bridge, holidays, support groups, art, regular outings, music and shopping.

The privacy, dignity and confidentiality of the residents were safeguarded as information and documentation, relating to residents, was stored in the office and the residents were able to access their individualised personal plans.

**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
This was the centre's first inspection by the Authority.

**Findings:**
The medication management policy was up to date. All residents’ medication administration records reviewed had photographic identification in place. There was training for staff in medication administration by a SAM trainer (Safe Administration of Medication) and the inspectors spoke to staff who demonstrated an understanding of medication management. Recent training had taken place and the inspector was shown the training booklet used for staff.

Staff were aware of the system for reporting medication errors to pharmacy, however, there were no medication error forms completed in the centre, to document any actions taken and the learning which had occurred. There was a system in place to minimise risk by monitoring medication usage every morning and evening, by staff coming on duty. Residents had been assessed for the ability to self-administer their medications and some of the residents were assessed as suitable to self-administer. Residents’ medication was stored in a locked cupboard in the staff room. The medications were packed in blister pack units and the prescriptions were sent to the pharmacist on a monthly basis. There were regular reviews of the prescriptions depending on the needs of the residents.

There was a system in place to store and return unused and out of date medications to the pharmacy and a staff member with whom the inspector spoke, outlined the process in place. However, these medications were not stored separately as required by the Regulations. The staff in the centre were transcribing medication, however, this practice did not conform to best practice guidelines and relevant legislation. There was no
original doctor's prescription in the residents file. The maximum dose in 24 hours for PRN (when necessary) medication was not stated for some psychotropic medications and there was no system in place to record the effect of administering these medications to a resident. This would support safe medication administration practice.

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:
Compliant

Outstanding requirement(s) from previous inspection:
This was the centre’s first inspection by the Authority.

Findings:
There was a governance and management structure in place which was in accordance with the structure outlined in the Statement of Purpose. The person in charge told the inspector that her post is full time and she is engaged in the governance, operational management and administration of the centre on a consistent basis. She has the support of the social care leader in the centre who is also employed full time.

Regular management meetings were held between the local area manager, the person in charge and the social care leader. Staff were facilitated to discuss issues of safety and quality of care at handover meetings which the person in charge facilitated. The staff had regular weekly supervisory meetings. There was a regular review of the quality and safety of care in the centre and audit of areas such as infection control and health and safety were taking place regularly.

The person in charge was experienced and demonstrated good leadership and organisational skills. The inspector spoke with her about her previous experience and her qualifications and commitment to the residents. Staff and residents were able to identify her as being the manager and staff told the inspector that she was supportive and approachable. She was able to demonstrate to the inspector that she is committed to her professional development. The inspector noted that all the documents requested were easily accessible in the centre and there were detailed files available in line with the requirements of the Regulations.
**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

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
This was the centre's first inspection by the Authority.

**Findings:**
A sample of staff files reviewed by the inspector complied with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector viewed the policies on staff recruitment and saw that staff had fulfilled the required vetting procedures and had the required references.

Records reviewed indicated that staff had attended a range of training to include the mandatory training required by the Regulations. The person in charge told the inspector that training needs of the staff were regularly updated to include 'Certified Brain Injury' training and 'Brief Encounters' training. Staff were supervised according to their role. There were two staff in the house at night and the person in charge was satisfied that most risks had been assessed for night time as these staff members were on 'sleep over' duty. This was addressed under Outcome 7. The daily care notes viewed by the inspector indicated that the night staff were responsive if required to any issues which occurred on their shift.

Rosters were arranged to meet the needs of the residents. The inspector viewed the roster and the planned roster for the following week. The inspector found that staff had very good understanding of their role and of the needs of the residents. Staff were able to demonstrate an awareness of the centre's policies and had access to a copy of the Regulations and the National Standards for the sector. The staff were found to be enthusiastic about their work, to be well trained and understanding of the residents' holistic needs. The residents were familiar with the staff on duty on the day of inspection, which indicated that there was continuity of care for the residents. The staff were familiar with the routine and the expectations of each resident and were seen to facilitate them to maintain their independence at every opportunity.
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:

Mary O’Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
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<td>Centre ID:</td>
<td>ORG-0007789</td>
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<tr>
<td>Date of Inspection:</td>
<td>03 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17 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:
All risks in the centre had not been identified and assessed.

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:
Completion of an Organisational Risk Register is underway.
Each Neuro Residential Service will have a centre specific register

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Proposed Timescale: 30/09/2014</th>
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<td>Theme: Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not specify the controls in place to minimise the risk of the unexplained absence of a resident.

**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
The unexpected absence of a resident to be included in risk management policy, as currently there are individual risk assessments specific to individual needs.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not outline the measures in place to control and minimise aggression and violence.

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
To include measures and actions to control and minimise aggression and violence in the risk management policy. Individual risk assessments and positive behaviour plans are in place for positive management of Behaviour.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not list the controls in place for the prevention of self-harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.
Please state the actions you have taken or are planning to take:
To include measures and actions to control self-harm in the risk management policy. Individual risk assessments are in place for persons at risk of self-harm and safe plan protocol.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency lighting was not installed and lighted fire exit signs were not in place. There was no fire panel to support staff in locating the source of a fire. The centre did not have a fire compliance certificate available.

Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
1. Investigate and Review emergency lighting system
2. Fire Panel and zoned system - ABI Ireland has not yet got registration and are currently carrying out a full inspection of properties in ABI Ireland, these properties are been surveyed to ensure compliance with building control and fire safety regulations
3. Fire Compliance Certificate

Proposed Timescale: 1. August 2014
2. January 2015
3. January 2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire prevention precautions and controls for non-compliant smokers needed to be more robust in the area of supervision, location of cigarettes, furnishing and bedding.

Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
1. ABI Ireland currently has risk assessments in place for all smokers and in some instances safe plans. These will be reviewed.
2. There is a long standing location for cigarette storage at night, this will be further risk assessed and the controls are being upgraded to prevent an incident occurring.
3. Currently all bedding and furnishings are fire retardant
Proposed Timescale: 1. Completed  
2. 31st of August 2014  
3. Completed

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:
Medication which was out of date or unused was not stored separately from medication which was in use.

Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
Storage Cabinet to be put in place for separate storage of unused and out of date medications.

Proposed Timescale: 17/07/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff in the centre had a medication transcribing system which did not conform to best practice and relevant legislation. The system for recording and learning from medication errors, which had occurred, was not transparent and robust. The doctor's prescription for each resident was not available.

Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
1. Meeting to be organised by LSM with GP for Review and authorisation of Drug Prescription and Administration Record Booklet.

2. Learning and Communication of drug errors are included in Staff Meetings and documented through incident reports but will also be evidenced and documented in Handover Meetings
**Proposed Timescale:** 1. Immediate: meeting with GP 15/7/14, completion by 18/7/14. 
   2. 31st July 2014