### 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 North West Parents and Friends Association</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001935</td>
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<tr>
<td>Centre county:</td>
<td>Sligo</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:rsw@iolfree.ie">rsw@iolfree.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>North West Parents and Friends Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Evelyn Carroll</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<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>
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<td>Number of vacancies on the date of inspection:</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: 21 May 2014 16:00
To: 21 May 2014 20:00

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

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

Summary of findings from this inspection
This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. The designated centre is part of the service provided by the North West Parents and Friends association (NWPF) in Sligo. The NWPF provides service residential, day services and education services to both male and female adults and children, with an intellectual disability, in Counties Sligo and Leitrim.

As part of the inspection, the inspector met with the provider representative/person in charge, day service nurse (care staff report to the day service nurse on a daily basis), visited the centre and met with service users and the staff member on duty. The inspector observed practice and reviewed documentation such as personal plans, medical records, policies and procedures.

This designated centre provided support and accommodation to both male and female who have a mild to moderate intellectual disability on a full time basis. Staff confirmed that the service users were informed of the inspection and this was confirmed by service users. The inspector visited their home and reviewed personal plan and care files with their consent. All service users requested the inspector to view their bedrooms. The inspector accepted their invitation and accompanied the service users to their bedrooms and sat with the service user in the dining room while reviewing the person centred plan. The designated centre provided a homely environment for service users and was clean with good natural lighting.
Staff and service users knew each other well, and service users spoken with by the inspector confirmed that they were happy living in the house and lived active lives and the inspector found that service users received a good quality service. Staff supported people to be involved in the decisions in the designated centre, and in making decisions and choices about their lives. Service users were supported to engage in meaningful activities of their choice and all attended day services.

Areas of non compliance included review of the risk management policy, completion of fire drills over the night time period, facilitating service users to assist with cooking the evening meal promoting greater independence and ensuring that person centred plans reflect planning for a change in circumstances should service users needs change for example development of poor mobility or deterioration in physical or mental well-being. These are discussed further in the report and included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 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):

Findings:
The inspector found that the residents were empowered to take control over their own lives. Residents expressed satisfaction with the level of support received from staff, and explained to the inspector that they felt safe in the centre.
The inspector found evidence of a person-centered approach in place to try and ensure that the health and social care needs of service users. The inspector found that each service user had a personal file and that the daily notes for service users detailed how the service user spent their day. Each service user’s personal plan contained a comprehensive assessment of their health, personal and social care needs. The inspector found that service users and their relatives were actively involved in the development and review of their personal files. These were contained in a folder with photographs of some activities undertaken by service users. Service users were eager to show the inspector their personal plans and could relay to the inspector some of the information that was contained in the file, however there was a considerable amount of information in written format which was inaccessible to service users. Revision is required to make the person centred plans more user friendly and accessible to the service user for example by use of assistive technology such as communication aids, digital photo frames and picture timetables.
The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems. Service users confirmed that their plan was reviewed regularly and had a complete review annually or more often if required. Service users had access to an advocacy service.

Social Activities
Recreational activities were available for service users in day services five days a week. This provided opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities. All service users with the exception of one attended day services provided by the provider.

Some service users told the inspector that they enjoyed cooking, however service users were not given an opportunity to assist with cooking the evening meal. The inspector recommended that consideration is given to this to increase the service user’s independence and ensure the highest possible level of functioning.

Service users expressed their views to the inspector and comments included “staff help me, staff brings us out for dinner every Sunday, I love living here, at the meeting we decide what we want to eat”. Residents assisted by staff completed the weekly food shopping on at the weekend. Residents told the inspector that they enjoyed the food.

Education and self actualisation
As part of the social care of service users the centre runs an education programme. This programme consists of activities which develop personal, social, independence and work skills. Some service users have completed some of the modules and have obtained certificates of achievement.

**Judgment:**
Non Compliant - Moderate

### 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):

**Findings:**
This centre is a 5 bedroom (one bedroom is used as a sleep over room for staff) detached single storey house with a garden to the front and rear of the premises. It is situated in a residential area in close proximity to the racecourse. It is within easy access of the day services that the service users attend and social amenities. Five service users, two female and three male are currently living in the house. Communal space includes a kitchen cum dining room sitting room and a well manicured garden.

As five residents are accommodated in four bedrooms, two residents share a bedroom. The inspector spoke with both these service users who confirmed that they had shared
for a considerable period of time and enjoyed each other’s company and were happy to share. This twin room did not have an en-suite. In order to ensure that the individual privacy and dignity rights of service users is protected ongoing review of the protection of the privacy and dignity is paramount. The only private space available to service users is their bedroom. If a visitor attends the home and a service user shares a bedroom there is no private space to meet visitors without impinging on the rights of other service users, if the service user and their visitor use the dining room as it is a kitchen cum dining room other residents can’t access the kitchen, if the service user and visitor use the sitting room other service users have no access to a television or relaxing seated area. Service users informed the inspector that they accessed the garden weather permitting.

**Judgment:**
Non Compliant - Moderate

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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

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

**Findings:**
The inspector found that steps had been put in place to promote the health and safety of the service user’s, staff and visitors. There were a number of policies and procedures relating to health and safety in place. A safety statement was also available. The available risk management policy did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. The person in charge confirmed that policies were available on unexpected absence of a service user and accidental injury to service users. However, accidental injury to visitors or staff, aggression and violence and self harm were not covered in any policies. It also failed to reference other polices that were available in relation to risk.

The inspector viewed a number of service users risk assessments and found evidence that risk assessments were being operated and staff took a proactive approach to mitigate risk to service users. Appropriate measures and actions to control risks for the service user were in place. These were being used to ensure that service users could participate in activities with identified controls and supports in place to ensure the safety of service users. An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. The Person in Charge told the inspector that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.
Accidents, incidents and near misses were recorded and reviewed to try and limit re-occurrence. Accident and incident recorded were reviewed by Person in Charge and discussed at a monthly quality and risk group. The kitchen was noted to be clean and temperatures of the fridge were being recorded regularly.

Fire management
A policy was available on fire safety and the Inspector spoke with staff and service users and found they were knowledgeable about what to do in the event of a fire. The inspector also spoke with service users and they displayed an awareness that if the fire alarm sounded they would have to evacuate. While fire drills were carried out at regular intervals completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time. The fire extinguishers were serviced on an annual basis and quarterly servicing of the fire alarms was occurring. Documentary evidence was available. Fire safety training for all staff had taken place and included evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre. All service users were independently mobile.

Moving and Handling
The inspector reviewed staff training records and found that staff had received training in safe moving and handling of service users. All service users were independently mobile.

Infection Control
An infection control policy was available and staff were aware of infection control procedures. Staff had received training in hand hygiene and posters were available over hand washing sinks detailing good practice guidelines. Staff were aware of laundry procedures should there be an outbreak of infection.

Judgment:
Non Compliant - Moderate

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):
Findings:
Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave clear guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The staff member on duty was aware of the name and contact details of the designated contact person and confirmed that there was a policy to guide staff and stated her responsibility to report any allegations or suspicions of abuse to ensure service users were protected. There were policy guidelines on “responding to challenging behaviour”. Staff informed the inspector that currently no resident in the home was displaying challenging behaviour.

Service users informed the inspector that they felt safe and well cared for by staff and could talk to staff. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

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):

Findings:
Staff and service users described good access the local general practitioner and there was evidence available of this in files reviewed. An out of hour’s service was also available. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required.

The inspector spoke with all of the service users with regard to the food. They said that they enjoyed the food and were involved in the purchase and choosing of the food. The inspector saw from minutes of service users meetings that food had been discussed and menus agreed. Service users supported by staff completed the weekly grocery shop. This showed that service users were given the opportunity to make their views known and have them taken into account about what food they liked and wanted. Care plans contained information about food that people liked and disliked.
**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):**

**Findings:**
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users. The inspector reviewed the prescription records and medication administration record and found that documentation was complete.

The inspector observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff spoken with knew what process they had to follow if they made an error. The staff member stated that she was not aware of any medication errors to date.

**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):**

**Findings:**
The person in charge/provider is a joint post known as the services manager (Person in Charge). She is based at the day service facilities and generally works 09:00 hrs to 17:00hrs. She has been working in the service for over 30 years.

The Person in Charge is responsible for three houses in Co. Sligo and is the provider representative for two houses in Co. Leitrim (one of which is a children’s residential service). She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal needs of each resident. She was in regular contact with staff and staff confirmed that she visited each residential centre regularly.

The inspector found that there was an effective management system in place, clearly defined management structures and the Person in Charge had the required skills and experience to manage the designated centre. Staff and service users were clear in relation to lines of authority and service users were able to identify the Person in Charge.

The Person in Charge outlined the arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss any issues relating to the running of the home and ensure the welfare of service users was protected. Meetings between care assistants (who supervise each house on a day to day basis) and the Person in Charge took place regularly and minutes were available of these meetings. Care assistants confirmed that the Person in Charge was supportive and approachable and they would have no hesitation in discussing any aspects of concern with her. There was a good communication process between the day and residential services. Care assistants reported each morning to the registered nurse in day services. An integrated day and residential communication file was in place where all information pertinent to the resident was available to the staff in the home. This was transported on a daily basis between the home and the day service.

One service user attended day services provided by the provider part-time and an alternative day service part-time. This was the service user’s choice and the service user told the inspector that she enjoyed this arrangement and it worked well for the service user and increased her social contacts. The inspector spoke with the provider representative with regard to this arrangement and found that there was a lack of clarity around the governance of this arrangement. The inspector found that there was no agreement or memorandum of understanding with regard to the shared responsibility of the service user.

Judgment: 
Non Compliant - Minor
**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):**

**Findings:**
The staff member on duty was pleasant and welcomed the inspector. The inspector observed that the staff member knew service users well and there was a relaxed and homely environment in the home. The staff member worked for the organisation for a considerable period of time and stated she “enjoyed her job”. She described how she assisted the service to help them to achieve their goals and wishes.

Staff Support and supervision
Regular staff meetings were held where staff from all the residential services met with the Person in Charge. The Person in Charge also dropped into the residential house on an ad hoc basis to see staff and service users. Staff were complimentary of the Person in Charge and service users confirmed that they knew the Person in Charge and seen her regularly. Staff confirmed that the Person in Charge was freely available by phone out of hours and if she was away a deputising person was put in place. This was communicated to the residential house by memo.

The inspector noted adequate staffing levels to meet the needs of service users at the time of inspection. There was normally one staff member on duty in the evening that slept overnight in the home. A staffing roster showing staff on duty was available. The inspector observed the staff member addressing the service users respectfully and chatting with the service users having a cup of tea with them and talking about their day. The staff member prepares the dinner which is chosen by the service users at their weekly meeting prior to the service users returning from the day centre. Service users stated that staff were kind and looked after them well.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed six staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

The organisation valued their staff and was committed to providing ongoing training to staff. Staff had attended training in health and safety and risk management, protection and safety of vulnerable adults, epilepsy management, first aid, person centred planning, report writing, dementia training and dysphasia. There was a training plan in
place for 2014.

**Judgment:**
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:**

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

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<tr>
<td>Date of Inspection:</td>
<td>21 May 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30 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 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Service users were not given an opportunity to assist with cooking the evening meal.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
This was discussed at our weekly meetings post HIQA Inspection and all service users have documented their wishes to have their dinner ready when they return from their day service as they are tired and hungry. They will continue to help with domestic

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
chores as normal. These outcomes have been recorded in PCP goals and discussed at their weekly meeting dated 5th June, 2014

**Proposed Timescale:** 05/06/2014  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Service who showed the inspector their personal plans and could relay to the inspector some of the information that was contained in the file but there was a considerable amount of information in written format which was inaccessible to service users.

**Action Required:**  
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**  
Advice being sought on assistive technology that may enhance person centred plans in order to make it more accessible to Service Users.  
Service Users have been consulted in relation to digital photo frames and two service users have same and the other service users prefer their existing photo album which they refer to as their book which they like to lift and turn over and back the pages. This was discussed at their meeting of 12th June 2014.

**Proposed Timescale:** 30/10/2014  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems.

**Action Required:**  
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**  
An interagency group has been set up that commenced on 4th July, 2014. A large piece of work has been undertaken by all Organisations collectively in relation to admissions and discharges to Community Group Homes to collate existing assessment processes, interdisciplinary processes, descriptors for support based on will and preferences of the Service User. This work will be progressed in conjunction with our
existing contracts of care and statements of purpose.
The process that has always been in operation in NWPF is that as needs change these changes are identified in the service users PCP and discussed at reviews and also highlighted on the NIDD forms. Referral to the appropriate MDT is completed and supports and recommendations are put in place. Changing needs are then highlighted to the HSE through the Referral process through the Adult Referral committee with the consent of the Service User and or family/advocate. Recommendations are made at this committee and forwarded to NWPF. Application is then made through our Service Level Arrangements with the HSE in relation to additional funding under Schedule 10 and or the sourcing of an alternative placement to meet the assessed needs of the Service User.
This process will be included in a written format in our contracts of care giving the appropriate heading of a transition plan due to changing needs.
This transition plan will need to be agreed at the forum of the interagency group for all service providers.

**Proposed Timescale:** 30/12/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provision of private space when residents have visitors require review ensure that the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
Refer to factual inaccuracy
In this home there are 2 fully equipped bathrooms and 3 toilets.
In relation to two people sharing a bedroom, this is on the Agenda with all service providers and will be progressed through the Interagency Forum which commenced on 4th July, 2014 which will look at admissions and discharges together with the will and preferences of the service user.
The outcome of this may well be determined by the availability of accommodation being available that will suit the service users needs and choice and their family/advocate

**Proposed Timescale:** 30/12/2014

**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:**
The available risk management policy did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Additionally accidental injury to visitors or staff, aggression and violence and self harm were not covered in any policies reviewed.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Existing risk management policy will be reviewed at our QSRM meetings to include and reference all policies under regulation 26.
Training is being sourced and was discussed at our last HIQA meeting held on Tuesday 15th July, 2014 with named personnel who will attend further training in Risk Management in order to fully comply with Regulation 26

**Proposed Timescale:** 25/11/2014

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**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Completion of fire drills over the night time period had not taken place.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Night time drills have been carried out on 7th June, 2014 and have been recorded with no problems identified.

**Proposed Timescale:** 07/06/2014

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**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:**
One service user attended day services provided by the provider part-time and an alternative day service part-time but there was no agreement or memorandum of understanding with regard to the shared responsibility for the service user.

**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:**
Discussions have taken place between NWPF as the primary service provider for one service user with the provider of a split day service placement in relation to the development of memorandum of understanding between the two providers. Confirmation of meeting to discuss same is agreed for Tuesday 2nd September, 2014 to complete these arrangements to fully comply with regulation 23 (1) (b)

**Proposed Timescale:** 14/11/2014