

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003362
<b>Centre county:</b>	Sligo
<b>Email address:</b>	mary.waters1@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Teresa Dykes
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	Geraldine Jolley;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	23
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 2 day(s).

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

From:	To:
23 June 2014 11:00	23 June 2014 17:30
24 June 2014 10:00	24 June 2014 17:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first monitoring inspection of this centre. As part of the monitoring inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation including care plans, medical records, accident and incident reports, policies, procedures and staff files.

Part of this monitoring inspection was to establish if the residential services could be registered as one designated centre. This service can be considered as one designated centre with five residential units located within close distance of each other, taking account of the number of residents overall within the service and the governance arrangements.

The role of the person in charge was fulfilled by a clinical nurse manager, grade two that had responsibility for the daily management and governance of the service. Notification documentation is required to be submitted to the Authority to clarify the role of the person in charge is fulfilled by the clinical nurse manager.

Inspectors found that residents received a good quality service. Staff supported the residents in making decisions and choices about their lives and their involvement in the running of each house. Residents were involved in hobbies and activities of their

choice. There was evidence that residents' healthcare needs were well supported and promptly responded to according to their need and capacities in an environment that promoted their continued independence and choice.

Areas of non compliance related to risk management, mandatory training requirements and aspects of medication management which 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):**

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

**Findings:**

The inspector found that residents wellbeing was maintained by a good standard of evidence based care and support, with opportunities and arrangements in place to improve the quality of residents' lives. The inspector met with a number of residents and reviewed their personal plans. Residents' preferences and wishes regarding their daily routines were recorded in detail. Resident's files contained a large amount of information that outlined their health, intimate and personal care needs along with their family contacts and relationships.

The plans were suitable to the different range of needs, capacities and life stage. The plans took account of residents' psychosocial needs as well as medical and physical status. The inspector found that there was sufficient knowledge and understanding by staff of a range of supportive interventions appropriate to the residents to whom the services are available.

There was evidence of interdisciplinary team involvement in residents' care including nursing, speech and language therapy, a behavioural therapist and other allied health professional as required. Each resident was assigned a key nurse and key worker. Personal plans were reviewed annually or more frequently if there is a change in needs or circumstances. Care plans for a nursing intervention were reviewed every three months. There was also evidence of residents' involvement in developing and reviewing their personal plan. However, from a review of a selection of residents' personal plans they were not made available in an accessible, understandable format to residents.

Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. Almost all residents attended various training centres. Two residents did not attend a day care service on a regular

basis had alternative recreational activities and therapeutic services available to ensure their well-being.

**Judgment:**

Non Compliant - Minor

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The houses visited were very homely, comfortable and decorated to a high standard. Residents bedrooms and the communal spaces were well personalised with fixtures and fittings of their own choosing mainly and framed photographs of the residents on display. Some had purchased their own double beds and had matching curtain and duvets. Each resident had their own bedroom except in one house where two residents shared at their own choice. The external grounds of the houses were well maintained. The design and layout of the premises ensured residents had adequate private and communal space. The environment was suitable for the needs of the residents with good lighting, furnishings placed in positions to prevent risk of falling and items maintained in the correct places to ensure residents could have ease of access and movement where residents used wheelchairs. This however did not impinge on the homely and comfortable environment. The kitchens were large with ample space for cooking facilities and food storage.

In one house the inspector had concerns regarding the suitability of bedroom accommodation for two residents on the first floor. One resident had limited mobility and another visual impairment. As discussed under outcome seven of this report, personal plans were not documented to outline the procedures or the level of assistance required to safely evacuate in the event of a fire. While the stairs were risk assessed and extended rails provided with good lighting, the long term suitability to retain maximum independence for residents requires review.

**Judgment:**

Non Compliant - Moderate

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

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

### **Theme:**

Effective Services

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

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

### **Findings:**

The inspector found that there was proactive response to the management of risk while maintaining residents' independence. There is a signed and current health and safety statement available.

The risk management policy was detailed, contained an evidence-based risk assessment tool and detailed all of the specific requirements of the regulations. A detailed risk register was maintained and actions were identified to minimise any hazards. There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. Relocation arrangements were identified if deemed necessary to evacuate the building. A missing person's policy and procedures were detailed. A risk register was maintained and hazards identified as posing a risk to residents were identified in their personal plan with appropriate controls to minimise the risk of harm or injury. However, in one house visited a resident with a diagnosis of epilepsy did not have a safety plan developed. In another house which was care assistant led, staff were not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided in each houses and were serviced quarterly and annually as required. Inspectors reviewed the fire safety register and training records. While fire registers were newly introduced, all records were not completed. Fire equipment was not routinely checked to ensure it was in place and intact. The emergency lighting was not checked monthly in each house.

Staff to whom the inspector spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedures in the event of an outbreak of fire. Staff had recently commenced undertaking fire drill practices to reinforce their theoretical knowledge from annual fire training. However, the records did not document those who participated and the time taken to evacuate. There was no evaluation of learning from fire drills completed to help staff understand what worked well or any improvements required. In one house visited two residents with restricted mobility were accommodated in upstairs bedrooms did not have personal plans documented to outline the procedures or level of assistance required to safely evacuate in the event of a fire.

Not all staff were trained in fire safety evacuation procedures. Staff who had attended training were not all trained in the specific evacuation requirements for each house they worked in, as a general training was completed at a central location. Only some staff were present for on site training at the residential house where they worked. There was

a satisfactory risk management strategy for a resident who smokes and staff were able to articulate this.

The inspector noted there were systems in place to ensure the transport vehicle used by the service was roadworthy, insured and equipped with appropriate safety equipment. Documentation viewed indicated the vehicle was fitted with wheelchair safety belts and anchorages

There was a detailed infection control policy and practices were appropriate to the needs of the residents. Chemicals were stored securely in the interest of safety to residents and visitors. A rolling program of hand hygiene was in place and 20 staff were trained to date during 2014.

There was a requirement for specialist equipment such as hoists by a small number of residents. This equipment was serviced by a specialist contractor. There were risk assessments utilised for residents pertinent to their needs including falls and management of their environment. However, all staff did not have up to date refresher training in safe moving and handling practices.

The temperature of dispensing hot water was excessively hot in a number of bathrooms checked in two of the houses visited and may pose a risk of burns or scalding.

**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):**

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

**Findings:**

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse including the HSE national policy "trust in care". There were procedural guidelines on the provision of personal and intimate care to residents. These were identified in personal care plans and they provided specific information to guide practice. Inspectors were informed that the safeguarding of residents was enhanced by the small number of residents living in each house and the continuity of staff; both

residents and staff were well known to each other and any issues could easily be brought up. Other factors which support the protection of residents included easy access to relevant and accessible advocacy services and the residents' weekly meetings. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Interaction as observed by the inspectors was respectful and open. The houses are protected by security alarms.

Staff to whom inspectors spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. However, not all staff had up to date refresher training in protection of vulnerable adults.

The inspector reviewed the procedure for the management of residents' finances including fee payment and management of monies for residents for whom the provider acts as agent. An allowance was provided to each house on a weekly basis for grocery shopping and general miscellaneous items. Receipts were retained for all items purchased. The records for the management of the household budget demonstrated very clear accounting systems and were checked by a senior nurse and further audited by the accounts office. Two staff were nominated in each house as an agent for residents' pensions. All money was lodged to an account in each resident's own name. Residents' spending money for each week was held in safe keeping by staff and accessible to residents as requested. A record of the handling of money was maintained for each transaction. Receipts were retained for all items purchased. However, residents with capacity to consent or their next of kin were not requested to sign their financial transactions to verify balances were correct. Two staff signatures were not recorded in all instances for each transaction to ensure transparent arrangements. There were no audit arrangements in place by a senior manager to ensure accuracy and transparency in the managing of residents' personal finances.

There is a policy on the management of behaviour that is challenging and supportive strategies were in place. This policy detailed the arrangements for the effective management of behaviour that challenges including alternative approaches to the use of chemical restraint or single separation. Each resident identified with behaviours that challenged had a behavioural support plan in place. The plans were developed in conjunction with staff and the behaviour support therapist. The care plans were well personalised to identify triggers and outlined preventative and reactive strategies on the interventions to take to ensure the safety of the resident.

While the detailed behavioural support plans assisted staff in managing behaviours that challenge the inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff. A nurse manager is presently undertaking training to become a trainer in this area and training all for staff is planned.

**Judgment:**  
Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Residents were supported on an individual basis to achieve good health through care planning, accessing allied health professionals and monitoring of residents individual health care needs.

Residents had access to their own GPs and had regular reviews by allied health professionals such as dentists, dental hygienists, neurologist, dieticians, speech and language therapists, chiropodists and opticians. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations into practice.

Staff to whom inspectors spoke stated that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu accordingly. Residents assisted staff with the weekly shopping and the menu was discussed at the weekly house meetings. Residents took a packed lunch each morning with them to their training centre/workshops. The inspectors noted the fridges were well stocked with a variety of nutritious and wholesome food. Dinner was cooked in the evening by staff with residents assisting.

Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake. Nutritional screening was carried out using an evidence-based screening tool. Residents' weight was checked on a monthly basis. Residents had been referred to a dietician for recommendations based on nutritional assessment needs identified where weight was lost. Staff were observant and responsive to the residents changing healthcare needs. However, in one file reviewed the inspector noted a resident had an unintentional significant weight gain within one month. A care plan or referral to dietetic service was not implemented to address the issue.

**Judgment:**

Non Compliant - Minor

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework.

Medicines were being stored safely and securely. PRN medication (as required) was regularly reviewed by health professionals to ensure therapeutic values optimised health. The inspectors noted some bottles of liquid medication were not dated as to when they were initially opened.

The inspector reviewed a sample of drugs charts. The prescription sheets reviewed did not indicate the address for each resident and the maximum amount for all PRN medication. The administration sheet record was photocopied and the poor quality makes it difficult to decipher signatures.

An assessment was not undertaken to ascertain if a resident had the capacity to manage their own medication safely in accordance with the assisted living function of the service. A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was not available.

The inspector discussed and reviewed a new audit system for receipt, and checking of monthly drugs blister packs and returns of unused or out of date drugs to the pharmacy.

**Judgment:**

Non Compliant - Minor

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided. However, as this centre will be registered as a designated centre comprising five residential houses, a statement of

purpose is required solely for this service to contain all information required by schedule one of the regulations to reflect the organisational governance and the grouping of residential houses for the purposes of a designated centre.

The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below;

A description either in narrative form or a floor plan of all the rooms in each of the residential houses of the designated centre including their size in metres square and primary function was not included.

Details of the admission procedures were outlined however, the information did not clarify if the service accepts emergency admissions.

The statement of purpose was not dated to reflect its revision date.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Part of this monitoring inspection was to establish if the residential services could be registered as one designated centre. This service can be considered as one designated centre with five residential units located within close distance of each other, taking account of the number of residents overall within the service and the governance arrangements for day to day management of the residential houses.

The person notified to the Authority as the person in charge was experienced, qualified and demonstrated good knowledge of the regulations and Authority's standards. However, the notified person in charge was not actively engaged with the governance, operational management and administration of the designated centre on a day to day basis and retained a more senior manager role within the organisation. There were clear lines of authority and accountability present. The role of the person in charge day to day

is fulfilled by a clinical nurse manager that has responsibility for the daily management and governance of the service and reported to the notified person in charge.

Audits of the service were undertaken to review the care service provided. Generally areas were identified for audited to ensure safety and quality subsequent to an incident to minimise the risk of a repeat occurrence. Monitoring systems require further development by the provider to ensure a more robust consistent approach in line with the requirements of regulation 23. Annual reviews of the quality and safety of care through a system of quality improvement strategies and audits required further formalisation with improvement plans to ensure enhanced outcomes for residents. The system of review requires consultation with the residents and copies of report to be made available to residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector was satisfied from observation and records available that the numbers and skill mix of staff were satisfactory for the needs of the current residents. The inspector viewed the staffing rosters which matched the personnel on shift at inspection time. Many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Generally staff were rostered at the same house and only moved to another house to cover holidays or sick leave absences.

Inspectors reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations with the exception of Garda Siochana vetting. While this was submitted for all staff the provider was awaiting the outcome of the vetting process.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was planned for 2014, however, some gaps were identified. Mandatory training requirements detailed

under outcomes seven and eight including fire training, manual handling, the protection of vulnerable adults and management of behaviour that is challenging including de-escalation and intervention technique was not fully complied with for all staff.

**Judgment:**

Non Compliant - Moderate

**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:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003362
<b>Date of Inspection:</b>	23 June 2014
<b>Date of response:</b>	01 August 2014

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

Residents' personal plans were not made available in an accessible, understandable format to residents.

**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:**

Personal plans will be made available in an accessible format to residents and where appropriate their representatives.

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

**Proposed Timescale:** 30/08/2014

### **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 suitability of bedroom accommodation for two residents on the first floor, one of whom had limited mobility and another visual impairment, in the long term, requires review.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Alternative accommodation has been identified by HSE LDS. Transition process to be finalised. 31st OCT 2014 (as expeditiously as possible once application for registration for new designated centre has being processed by HIQA)

**Proposed Timescale:** 31/10/2014

### **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:**

In one house visited a resident with a diagnosis of epilepsy did not have a safety plan developed. In another house care staff were not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

**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:**

Epilepsy safety plans have been developed for residents as appropriate. Training in administration of emergency medication to be arranged for care assistants supporting residents with epilepsy.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The temperature of hot water was excessively hot in a number of bathrooms checked in two of the houses visited and may pose a risk of burns or scalding.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Thermostatic controls have been attached to bathroom taps in community group homes.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Services

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

Fire equipment was not routinely checked to ensure it was in place and intact. The emergency lighting was not checked monthly in each house.

**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:**

Procedure in place to check fire equipment weekly and emergency lighting monthly.

**Proposed Timescale:** 01/08/2014

**Theme:** Effective Services

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

Not all staff were trained in fire safety evacuation procedures. Staff who had attended training were not all trained in the specific evacuation requirements for each house they worked in.

**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:**

Fire training including evacuation planned for staff on Sept 30th 2014. Programme of fire training to be agreed with fire safety officer for quarter 4 2014 and quarter 1 2015

**Proposed Timescale:** 30/03/2015

**Theme:** Effective Services

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

The fire drill records did not document those who participated and the time taken to evacuate. There was no evaluation of learning from fire drills completed to help staff understand what worked well or any improvements required.

**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:**

Fire drills scheduled for all community group homes, staff attendance to be documented and learning from drills to be implemented into residents personal plans.

**Proposed Timescale:** 01/08/2014

**Theme:** Effective Services

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

In one house visited two residents with restricted mobility were accommodated in upstairs bedrooms did not have personal plans documented to outline the procedures or level of assistance required to safely evacuate in the event of a fire.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Personal plans will reflect the procedure and the level of assistance required for all residents for evacuation purposes.

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

**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:**

Training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff.

**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:**

Staff training in the management of behaviours that are challenging, de escalation and intervention techniques is scheduled to take place for all staff.

**Proposed Timescale:** 31/10/2014

**Theme:** Safe Services

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

Residents with capacity to consent or their next of kin were not requested to sign their financial transactions to verify balances were correct. Two staff signatures were not recorded in all instances for each transaction to ensure transparent arrangements.

**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:**

This has been actioned and completed.

**Proposed Timescale:** 01/08/2014

**Theme:** Safe Services

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

There were no audit arrangements in place by a senior manger to ensure accuracy and transparency in the managing of residents' personal finances.

**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:**

A system of audit is being formalised for the service.

**Proposed Timescale:** 31/10/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

In one file reviewed the inspector noted a resident had an unintentional significant weight gain within one month. A care plan or referral to dietetic service was not implemented to address the issue.

**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:**

Residents with unintentional weight gain will be referred to the Dietician and weighed weekly.

**Proposed Timescale:** 01/08/2014

**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:**

An assessment was not undertaken to ascertain if a resident had the capacity to manage their own medication safely in accordance with the assisted living function of the service. A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was not available.

**Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Risk assessment tool is in the process of being developed to guide staff in decision making process for residents who may wish to self medicate. Group to be established for the assessment of capacity for residents who may wish to self medicate.

**Proposed Timescale:** 30/11/2014

**Theme:** Health and Development

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

The prescription sheets reviewed did not indicate the address for each resident and the maximum amount for all PRN medication. The administration sheet record was photocopied and the poor quality makes it difficult to decipher signatures.

**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:**

Addresses have been documented on residents' prescription sheets. The max amount of PRN medication is stated on each prescription sheet. New administration sheets are being sourced.

**Proposed Timescale:** 31/01/2015

**Theme:** Health and Development

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

The inspectors noted some bottles of liquid medication were not dated as to when they were initially opened.

**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:**

The above process is now in place.

**Proposed Timescale:** 01/08/2014

**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:**

A statement of purpose is required solely for this service to contain all information required by schedule one of the regulations to reflect the organisational governance and grouping of residential houses for the purposes of a designated centre. The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are

A description either in narrative form or a floor plan of all the rooms in each of the residential houses of the designated centre including their size in metres square and primary function was not included.

Details of the admission procedures were outlined however, the information did not

clarify if the service accepts emergency admissions.

The statement of purpose was not dated to reflect its revision date.

**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:**

Statement of Purpose solely for this service being developed. Floor Plans see factual accuracy form. Admission procedure will include that the Service does not include emergency admissions and a revision date will be added to the Statement of Purpose.

**Proposed Timescale:** 05/09/2014

**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 notified person in charge was not actively engaged with the governance, operational management and administration of the designated centre on a day to day basis.

**Action Required:**

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

Documentation for change of Person in Charge underway.

**Proposed Timescale:** 30/08/2014

**Theme:** Leadership, Governance and Management

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

Monitoring systems require further development by the provider to ensure a more robust consistent approach in line with the requirements of Regulation 23. A system of quality improvement strategies and audits required further formalisation with proactive improvement plans to ensure enhanced outcomes for residents.

**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:**

A system of audit and quality improvement plans is being formalised by the service.

**Proposed Timescale:** 30/10/2014

**Theme:** Leadership, Governance and Management

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

The system of review in place did not provide for consultation with the residents.

**Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Annual reviews provides for consultation with residents and their representatives.

**Proposed Timescale:** 30/08/2014

**Theme:** Leadership, Governance and Management

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

The system of review did not provide for copies of reports to be made available to residents.

**Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A summary of the recommendations of the annual review will be made available to the resident and their representative.

**Proposed Timescale:** 30/08/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Garda Síochána vetting was not present on files reviewed.

**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:**

Garda Síochána vetting is currently being processed.

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

**Theme:** Responsive Workforce

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

Mandatory training requirements detailed under outcomes seven and eight including, manual handling and the protection of vulnerable adults was not fully complied with for all staff. In one house care staff were not trained in the administration of emergency medication in the event of a continuous seizure by a resident.

**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:**

Manual handling training has been arranged for September 17th, 23rd and October 15th 2014.

Training for the Protection of Vulnerable Adults has been arranged for July 28th 2014.

Buccal Midazolam training to be scheduled

**Proposed Timescale:** 31/10/2014