<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Dundalk Simon Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002413</td>
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<td><strong>Centre county:</strong></td>
<td>Louth</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Dundalk Simon Community</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td></td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
<tr>
<td><strong>Type of inspection</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>4</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 23 July 2014 17:00
To: 23 July 2014 22:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outcome 01: Residents Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the first inspection of the centre. The inspector reviewed documentation, ascertained the views of residents and the person in charge who was the only staff member on duty at the time of the inspection, observed practices, assessed the premises and reviewed documentation relevant to the legislation/regulations during the one-day inspection.

The designated centre consists of one residency situated in the community. Accommodation is provided for 4 male residents and there were no vacancies at the time of the inspection. The centre provides facilities and services for residents with a diagnosis of low to medium intellectual disability. The age range of residents being accommodated is approximately from 20 to 50 years of age. The resident group have been living in the centre for many years and in the main good relationships exist.

The inspector outlined the inspection process and methodology and provided
feedback to the person in charge during and at the end of the inspection. The person in charge was rostered to work from 17:00 hours to 09:00 hours which included a sleepover duty. The residents confirmed that the staffing level was adequate to meet their needs as they were independent. Throughout the inspection the person in charge demonstrated knowledge of residents’ conditions and pertinent issues relevant to the designated centre.

The inspector met all of the residents being accommodated. The residents were aware of the inspection process and were keen to engage with the inspector and share their experiences of living in the centre. Residents expressed their satisfaction in respect of living in the community and were satisfied with the accommodation and the routine day to day operations of the centre which encouraged them to be independent.

The inspector saw that residents’ rights, dignity and consultation were upheld, however, there were aspects of the complaints policy/procedure which were not compliant with the legislation and management had not pursued with a resident exploration of living more independently and obtaining the assistance of an independent advocate in this quest.

The inspector found that there were a number of policies and procedures not yet in place and initially when the residents came to live in the designated centre a "licence agreement" had been signed, however, this does not include up-to-date details of the services to be provided for the residents and the fees to be charged. The statement of purpose did not fully comply with the legislation.

There was evidence that residents were supported on an individual basis to achieve and enjoy the best possible health as residents had access to the general practitioner and Allied health professional services. The inspector saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The location, design and layout of the designated centre met the needs of the residents, however, the inspector highlighted some maintenance issues. The health and safety of residents, visitors and staff was not fully promoted and protected as the inspector recorded risks which had not been previously identified and assessed.

Areas requiring improvement are identified in the action plan at the end of the report for action by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents informed the inspector of the many ways in which they participate in decisions about their care and about the organisation of the centre. For example, house meetings had been established to discuss the day-to-day chores in the house, going shopping for foods and making an evening meal. In the main, the resident group got on well and shared experiences. During these meetings residents had an opportunity to bring up issues in respect of independent/communal living.

The inspector observed the person in charge engaging with residents in a manner that was respectful and residents communicated freely and easily. The person in charge was familiar with the residents’ needs, capabilities, life histories and family support circles.

The residents were enthusiastic and keen to meet the inspector and share their views and opinions regarding living in the centre and the community. These views were positive. All of the residents had an individual bedroom and showed the inspector their private space which were personalised with photographs of families and friends and decorated in accordance with the resident’s preferences and choices. While there was a complaints policy and procedure which was accessible and age appropriate it did not fully meet all of the items in the legislation as follows: –
• Identify a nominated person, independent of the person nominated to deal with complaints, available to ensure that all complaints are appropriately responded to and all records are maintained.
• The record of all complaints did not include whether the complainant was satisfied with the outcome of the investigation. findings,
• it was not displayed in a prominent position in the designated centre.
• There was no information confirming that the provider ensures that the resident has access to an advocacy services for the purposes of making a complaint.
• Each resident and his/her family were not formally made aware of the complaints procedure.

Although a resident had participated in an advocacy programme management of the centre had not made arrangements for a resident to have an independent advocate to assist in a move towards further independence.

The inspector saw that there were systems and practices in place to assist each resident in the management of their personal property and possessions and support was provided to manage their financial affairs. However, the policy and procedure in respect of managing residents’ finances did not reflect the systems and practices. See outcome 18 for action plan. Some residents had insufficient security measures to retain control of their valuables.

Judgment:
Non Compliant - Major

**Outcome 04: Admissions and Contract for the Provision of Services**

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There has not been any change to the resident group for many years. However, the inspector found that there was no up to date policy and procedure in respect of the admission transfer and discharge of residents. See Outcome 18 for action plan.

The inspector found that while there was a "service level agreement", which identified, in general, the services provided it did not specify the fees, including additional charges in respect of the service provision for all of the residents being accommodated.

Judgment:
Non Compliant - Major

**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):**
No actions were required from the previous inspection.

**Findings:**
The centre provides facilities and services for residents with a diagnosis of low to medium intellectual disability. The service has been designed to enable residents to lead meaningful lives in the community by promoting individual personal plans that identifies residents’ assessed needs, risk assessments, intervention/treatment plans and reviews. They address key aspects of the residents’ social, emotional, psychological and health care. Residents’ aspirations and goals are stated, and there was evidence that residents were empowered and supported in achieving their personal goals. However the inspector noted that the designated centre did not have a copy of a report (in full or part) from an occupational therapist, assessing a resident who was on a social/work skills programme/course. See outcome 18 for action plan.

There was evidence of a review process of residents' care plans and goals, which included consultation with residents and or their next of kin/families. The person in charge was knowledgeable of residents' needs and confirmed that the staff group met on a weekly basis to discuss residents’ ongoing goals to ensure that support systems were available. In discussions with the inspector residents confirmed that there were opportunities to participate in meaningful activities and personal care planning. The care plans were not in an accessible format for residents.

**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):**
No actions were required from the previous inspection.

**Findings:**
The designated centre consists of a 3 story terrace house in a community setting for 4 residents. Each resident has their own private bedroom space and share communal facilities which consists of a large sitting room, dining kitchen, laundry facilities located in an open, corridor, shower room and staff office.
In the main, the location, design and layout of the community house was suitable for the stated purpose and met residents’ individual and collective needs in a comfortable and homely way, furnishings and fixtures are modern, however, the inspector noted that some areas were not well maintained. These are as follows: –

- There were cracks in the kitchen walls.
- The wall paint in the kitchen had faded and was chipped in parts.
- The extractor fan had not been cleaned as there was evidence of extensive grease.
- The rings on the cooker were rusted.
- The toaster had rust spots.
- There was insufficient storage as the vacuum cleaner and cleaning equipment was stored in the open plan hallway beside the laundry equipment.
- There was no stopper in the wash hand basin in the shower room.

Externally there was street car parking.

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):
No actions were required from the previous inspection.

Findings:
The inspector found evidence that the health and safety of residents, visitors and staff was promoted and protected in some instances, for example, closed-circuit television had been installed to the front and the rear entrance to assist residents in making appropriate choices regarding allowing entry to the house. However, the policy/procedure was insufficient regarding recording and analysing risks and addressing the matters identified in the legislation. See outcome 18 for action plan.

The risk management policy/procedure had not been implemented throughout the designated centre as the following risks were identified: –

- There was no risk register.
- There was no lock on the gate to the rear entrance of the premises.
- A container of external paint was stored in the kitchen cupboard.
- Emergency procedures had not been devised as per the legislation.

A new fire alarm system and panel have been put in place following a fire officer’s report last year. Fire equipment was easily accessible and prominently placed throughout the designated centre. Servicing was up to date. The inspector observed that fire exit doors had not been obstructed. Each resident had an evacuation plan and staff and residents had participated in training in fire safety and evacuation procedures. Residents were
able to inform the inspector of the procedure in the event of the fire alarm sounding. However, full effective, fire safety management systems were not in place as the following matters were identified: –
• A fire officer had not provided information in respect of the safety of laundry equipment being stored in an open corridor on the ground floor and the sufficiency of a fire door leading from the kitchen into the main hallway on the ground floor.
• The person in charge was not able to provide any evidence that the furnishings were fire retardant.
• Some fire equipment was stored on the floor and not secured.
• Documentation in relation to fire safety had not been recorded as the fire officer was in the process of supplying the person in charge with appropriate documentation.
• The rear external fire evacuation pathway was uneven in parts.

Procedures had not been adopted consistent with the standards for the prevention and control of health care associated infections as the following risks were identified:-
• The paint on the windowsill of the shower room was cracked and sealant was black from dampness/condensation.
• The extractor fan in the shower room was not working.
• The waste bin in the shower room did not have a lid.
• The laminate on the kitchen work tops was damaged.
• The laminate covering of kitchen cupboards at floor level was damaged.
• The laminate on a work top shelf above the washing machine was damaged.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse and the person in charge was able to inform the inspector regarding action to be taken in response to allegations, disclosures, or suspected abuse. There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse and while the person in charge had good knowledge in this area staff had not participated in refresher training. A restraint free environment was evident.
Judgment: 
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record of incidents occurring in the designated centre was maintained, however, notifications in respect of quarterly reports had not been notified to the Chief Inspector.

Judgment: 
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
All of the residents communicated freely and openly with the inspector and described their work opportunities, involvement in new experiences, social participation and education. Although transport is available for residents to attend day care/work programmes of their interest some of the residents prefer to walk or take public transport. There was evidence of residents sustaining family links and personal relationships and one resident was staying with family members as part of a holiday break. Residents have a variety of technological equipment to assist in improving the quality of their lives.

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):  
No actions were required from the previous inspection.

Findings:  
From an examination of documentation and the views of residents and the person in charge it was evident that residents are supported on an individual basis to achieve and enjoy good health. There was evidence in the care plan documents of referrals and meetings with key significant personnel in the lives of residents including the GPs and allied health professionals such as, community optician, dentist, nursing, care staff, key workers and family members. A psychologist is available to provide assistance to staff and residents in the centre.

In the kitchen of the house the inspector saw a variety of foodstuffs and snacks in the cupboards, fridge and freezer and residents helped themselves to the fruit bowl. Residents' records showed that weights were monitored. There was evidence that residents were able to choose their own foods.

Judgment:  
Compliant

Outcome 13: Statement of Purpose  
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:  
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):  
No actions were required from the previous inspection.

Findings:  
While there was a statement of purpose it did not contain all of the matters identified in the legislation.

Judgment:  
Non Compliant - Moderate

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):**
No actions were required from the previous inspection.

**Findings:**
A clearly defined management structure that identifies the lines of authority and accountability had not been communicated to the Authority following the resignation of the provider nominee. On the afternoon of the day of the inspection taking place the inspector was informed by the person in charge that the organisation is currently recruiting for this vacant position and provided contact details for the person acting in this role in the interim period. Subsequently, this person communicated with the registration section of the Authority. The statement of purpose does not outline the management structure that specifies roles and details responsibilities for all areas of service provision.

The person in charge has a full-time position in the designated centre, has approximately 10 years experience of working within the organisation as a care worker and was appointed to the position of person in charge in 2012.

The inspector found that the designated centre is not resourced to ensure the effective delivery of care and support in accordance with the aims and objectives of the designated centre as the person in charge works full time in the delivery of residents’ care and no time has been allocated in respect of managerial responsibility which entails consistent monitoring.

There was no evidence that the provider nominee had carried out an unannounced visit and compiled a written report on the safety and quality of care and support provided.

**Judgment:**
Non Compliant - Major

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**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Currently there are no arrangements in place for the management of the designated centre during the absence of the person in charge.

**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):**
No actions were required from the previous inspection.

**Findings:**
The person in charge was rostered on duty from 17:00 hours to 09:00 hours which entailed a sleepover duty. In addition to the person in charge 4 care staff are employed. (3.4 whole time equivalent staff). Residents considered staffing levels were appropriate as they were primarily independent and there was always a staff member available when they returned to the designated centre. The person in charge had a comprehensive knowledge of the residents’ likes, dislikes and life histories and the inspector observed good interactions between the person in charge and the residents.

Documentation in relation to training showed that staff working in the designated centre had not participated in mandatory refresher training for example moving and handling.

**Judgment:**
Non Compliant - Moderate

### Outcome 18: Records and documentation

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
Some of the records were maintained satisfactorily for example, management of residents’ personal possessions, however the designated centre did not have written operational policies and procedures of the items listed in the legislation and the directory of residents had not been established as per the legislation.

**Judgment:**
Non Compliant - Moderate

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**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:**

Siobhan Kennedy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
### Provider’s response to inspection report

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<tr>
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<td>OSV-0002413</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 July 2014</td>
</tr>
<tr>
<td>Date of response:</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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Management of the centre had not made arrangements for a resident to have an independent advocate to assist in a move towards further independence.

**Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**
We are committed to ensuring that each resident has access to advocacy services and information about his rights, and to this end we will engage with the National Advocacy Service with a view to identifying and appointing a suitable advocate to ensure our residents' rights. This will be done with the residents' involvement.

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

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents had insufficient security measures to retain control of their valuables.

**Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
We are committed to complying with the regulatory requirement and to this end we are putting in place a policy and procedures in relation to ensuring each resident has access to and retains control of their personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints policy and procedure did not fully comply with all of the items in the legislation as follows: –
- Identify a nominated person, independent of the person nominated to deal with complaints, available to ensure that all complaints are appropriately responded to and all records are maintained.
- The record of all complaints did not include whether the complainant was satisfied with the outcome of the investigation. findings,
- It was not displayed in a prominent position in the designated centre.
- There was no information confirming that the provider ensures that the resident has access to an advocacy services for the purposes of making a complaint.
- Each resident and his/her family were not formally made aware of the complaints procedure.

**Action Required:**
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.
**Please state the actions you have taken or are planning to take:**
We're committed to providing an effective complaints procedure and to this end we are reviewing and revising our complaints policy and procedures and will have this available for discussion with residents and their families and/or their representatives by the end of September.

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

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### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The service level agreement, did not specify the fees, including additional charges in respect of the service provision for all of the residents being accommodated.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
We are committed to our residents understanding the nature and level of support, care and welfare they can expect from us and, to this end, are revising our service level agreement to make explicit fee payments and other charges if relevant.

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

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### 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:**
The care plans were not in an accessible format for 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:**
We are committed to enhancing the accessibility of the residents' care plans and to this end we are reviewing and revising the format of the care plans currently in place.

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

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### 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 following areas were not well maintained:
  - There were cracks in the kitchen walls.
  - The wall paint in the kitchen had faded and was chipped.
  - The extractor fan had not been cleaned as there was evidence of extensive grease.
  - The rings on the cooker were rusted.
  - The toaster had rust spots.

There was no stopper in the wash hand basin in the shower room.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
We are committed to keeping our premises in a good state of repair and have already addressed the inspector's comments concerning the paintwork and cracks in the kitchen, which have been dealt with. We intend cleaning the extractor fan and bringing it up to an effective working condition, replacing the cooker, replacing the toaster and the stopper in the bathroom.

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

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<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>There was insufficient storage as the vacuum cleaner and cleaning equipment was stored in the open plan hallway beside the laundry equipment.</td>
</tr>
</tbody>
</table>

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:
We further intend to review storage facilities on the ground floor with a view to provide better storage for the vacuum cleaner and mops.

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

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<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>The risk management policy/procedure had not been implemented throughout the designated centre as the following risks were identified:</td>
</tr>
</tbody>
</table>
  - There was no risk register.
• There was no lock on the gate to the rear entrance of the premises.
• A container of external paint was stored in the kitchen cupboard.
• Emergency procedures had not been devised as per the legislation.

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
We are committed to ensuring that the risk management policy is reviewed and revised to include the measures and actions identified in the inspector’s report, and in relation to the lock, we will improve the efficiency of the locking system on the back gate. We have already addressed the issue concerning the storage of paint and it has been removed. We will also devise emergency procedures as per the legislation.

Proposed Timescale: 30/11/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Procedures had not been adopted consistent with the standards for the prevention and control of health care associated infections as the following risks were identified:-
• The paint on the windowsill of the shower room was cracked and sealant was black from dampness/condensation.
• The extractor fan in the shower room was not working.
• The waste bin in the shower room did not have a lid.
• The laminate on the kitchen work tops was damaged.
• The laminate covering of kitchen cupboards at floor level was damaged.
• The laminate on a work top shelf above the washing machine was damaged.

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
We are committed to adopting procedures consistent with the standards for the prevention and control of healthcare associated infections and have already addressed the first three issues concerning the painting of the bathroom windowsill, which has been completed, the extractor fan which is now working and the waste bin which has been replaced with one with a lid. We are currently costing the replacement of the kitchen worktop and laminate covering for the work top shelf and the kitchen cupboards.

Proposed Timescale: 31/03/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Full effective, fire safety management systems were not in place as the following matters were identified: —
• A fire officer had not provided information in respect of the safety of laundry equipment being stored in an open corridor on the ground floor and the sufficiency of a fire door leading from the kitchen into the main hallway on the ground floor.
• The person in charge was not able to provide any evidence that the furnishings were fire retardant.
• Some fire equipment was stored on the floor and not secured.
• Documentation in relation to fire safety had not been recorded as the fire officer was in the process of supplying the person in charge with appropriate documentation.
• The rear external fire evacuation pathway was uneven in parts.

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:
We are fully committed to putting in place an effective fire safety management system and to this end we have already secured the fire equipment on the walls and requested again the documentation in relation to fire safety from the fire officer. We have also requested a return visit by the local fire officer to certify the safety of the laundry equipment, space and the furnishings in the sitting room. We have and continue to request a report from the fire officer's first visit. We are currently costing the removal and relaying of the pathway through the back garden with a view to addressing this issue by the end of June 2015.

Proposed Timescale: 30/09/2014

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not participated in refresher training in respect of safeguarding.

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

Please state the actions you have taken or are planning to take:
We are committed to ensuring all staff receive appropriate training in relation to safeguarding residents and are currently liaising with Louth Disability Services in relation to accessing a slot on their next training programme.

Proposed Timescale: 30/09/2014

Outcome 09: Notification of Incidents
<table>
<thead>
<tr>
<th><strong>Theme:</strong> Safe Services</th>
</tr>
</thead>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Notifications in respect of quarterly reports had not been notified to the Chief Inspector.

**Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**
The notifications in respect to quarterly reports will commence on a quarterly basis as per the legislation.

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

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<table>
<thead>
<tr>
<th><strong>Outcome 13: Statement of Purpose</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not contain all of the matters identified in the legislation.

**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:**
We are committed to complying with legislation and will review and revise our current Statement of Purpose to ensure it sets out all the matters identified in the legislation.

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

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<table>
<thead>
<tr>
<th><strong>Outcome 14: Governance and Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A clearly defined management structure that identifies the lines of authority and accountability had not been communicated to the Authority following the resignation of the provider nominee and currently the statement of purpose does not outline the management structure that specifies roles and details responsibilities for all areas of service provision.

**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:**
We are committed to ensuring that the Statement of Purpose includes a management structure that specifies roles and details responsibilities for all areas of service provision.

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

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated centre is not resourced to ensure the effective delivery of care and support in accordance with the aims and objectives of the designated centre as the person in charge works full time in the delivery of residents’ care and no time has been allocated in respect of managerial responsibility which entails consistent monitoring.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
We are committed to putting in place management systems to ensure that the service provided by us is safe, appropriate to residents' needs, is consistent and effectively monitored.

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

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that the provider nominee had carried out an unannounced visit and compiled a written report on the safety and quality of care and support provided.

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
The provider nominee commits to carrying out one or more unannounced visits over the next twelve months, at least one of which will take place before the end of December 2014. Following this, a report will be made available and discussed with staff and will be held on file for inspection.
### Outcome 15: Absence of the person in charge

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Currently there are no arrangements in place for the management of the designated centre during the absence of the person in charge.

**Action Required:**
Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

**Please state the actions you have taken or are planning to take:**
We are committed to putting in place suitable arrangements for the management of the centre during the absence of the person in charge and are currently reviewing roles and responsibilities in relation to this matter as part of the statement of purpose.

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

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff working in the designated centre had not participated in mandatory moving and handling refresher training.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
We are committed to ensuring staff engage in a process of continuing professional development and as part of this we are reviewing their access to appropriate training and discussing this with Louth Disability Services.

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

### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in
<table>
<thead>
<tr>
<th><strong>The following respect:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated centre did not have written operational policies and procedures of the items listed in the legislation.</td>
</tr>
</tbody>
</table>

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**
We are committed to have written operational policies and procedures of all the items listed in the legislation by the end of March 2015

**Proposed Timescale:** 31/03/2015

**Theme:** Use of Information

<table>
<thead>
<tr>
<th><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The directory of residents had not been established as per the legislation.</td>
</tr>
</tbody>
</table>

**Action Required:**
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

**Please state the actions you have taken or are planning to take:**
We are committed to establishing and maintaining a directory of residents in our centre as per the legislation

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

**Theme:** Use of Information

<table>
<thead>
<tr>
<th><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated centre had not received a copy of a report of the assessment (in full or part) by an occupational therapist of a resident who was on a work/social skills programme/course. See outcome 1 for failing.</td>
</tr>
</tbody>
</table>

**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**
We are committed to maintaining and making available for inspection those records specified in Schedule 4 of the Health Act and have, since the inspector's report, contacted the occupational therapist to obtain a copy of the report. When received, this report will be held on file in the centre for inspection.
**Proposed Timescale:** 30/09/2014