**Health Information and Quality Authority Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002452</td>
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<tr>
<td>Centre county:</td>
<td>Monaghan</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Kevin Carragher</td>
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<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Jillian Connolly</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>10</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 23 June 2014 09:00
To: 23 June 2014 18:00

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

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Summary of findings from this inspection
The designated centre consists of two community houses which are run by the Health Service Executive. There were a total of ten male and female residents living in the designated centre, five in each house.

The designated centre provides services for individuals over the age of 18 and all residents have a diagnosis of an intellectual disability. Inspectors met with the person in charge at the commencement of the inspection and the person in charge facilitated the inspection throughout the day of inspection of both houses. The person in charge and provider nominee was present at the feedback meeting.

On the day of inspection, inspectors met with residents and staff, reviewed documentation and observed practice. Staff confirmed that the service users were informed of the inspection. The inspectors visited and viewed their home and reviewed personal plan and care documentation with their consent. Inspectors observed that residents were content and that staff engaged with residents in a respectful and dignified way.
On the day of inspection inspectors found that medication management practices posed a major risk to residents' welfare in the absence of an approved policy document to inform best practice. The areas of non-compliance were communicated to the management team. Specific findings are discussed in Outcome 12 of this report. These findings have been repeated in the action plan at the end of this report to obtain an update on progress with resolving non-compliances found.

The inspector found that some required policy and procedure documentation informing risk management was not available. Not all risks were identified with adequate controls put in place including the safety of residents in the presence of vehicular traffic on-site. Staffing levels and skill mix required review to ensure they were adequate to meet the needs of residents. Limitations on residents due to staffing levels and the layout and design of the premises were observed. Staff training in medication management and menu planning, especially to inform cooking for residents with specialist dietary needs was not in place.

Fire safety management was not of an adequate standard to assure the safe evacuation of residents in the event of a fire in the centre, particularly in the areas of ensuring safe evacuation of residents. A fire safety procedure did not inform fire safety practices observed by inspectors.

The action plan at the end of the report identifies actions which the provider and person in charge will need to take to come into 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):
This was the centre's first inspection by the Authority.

Findings:
Residents were encouraged to sign a record of their property and possessions. The inspectors saw where a resident's signature was entered on her property record which was maintained by the centre. However, signatures and dates were missing from some other residents property records reviewed.

Residents were supported and empowered to make choices in a number of areas of their daily lives including choice of menu, clothing, attending social occasions, attending day programmes and visiting family as evidenced in a review of their documentation.

While there was evidence of effort made to minimise risks to residents, inspectors observed that limitations imposed to protect some residents were not assessed to ensure they did not negatively impact on the freedom of other residents. For example, one house was split level in design, three residents' bedrooms were located down a flight of stairs. There was a practice in place of locking the door to this area to restrict access by some residents. Inspectors were told that two of the three residents had keys which they were learning to use. Residents are unable to go outside one community house safely and can't access the enclosed garden independently if they wish. Not all residents' privacy and dignity needs were adequately met. For example, a resident in one of the community houses was required to use a shower and toilet off a utility room which required them to pass through a communal area to access same.

Residents assessed as being able to independently leave the centre were not given copies of a key held by staff, to their nearest fire exit door which in some cases did not have a break-glass key box adjacent to them and hence were dependent on staff to
unlock the door for them.

**Judgment:**  
Non Compliant - Moderate

### 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:**

Individual assessments and personal support plans were found to be holistic. Inspectors reviewed a sample of residents' personal support plans in both houses and found that each resident had a personal plan in place which was completed in consultation with them and/or their significant others. Personal centred support plans reviewed referenced clear and realistic short-term and aspirational goals. Goals were narrowed down to promote achievement. Daily progress notes detailed each resident's day including reference to their goals. Monthly evaluations ensured progress was regularly monitored and augmented as appropriate in response to changing needs. This information was used to inform annual reviews of personal support plans. There was evidence of progress by some residents with achieving their goals and in making decisions about new achievements to work towards. However, inspectors observed where a personal plan reviewed on 23 September 2013 had three goals stated, the next review was on the 29 April 2014 however, goals not achieved and were restated as opposed to revising same to improve this resident's chances of success with achieving their goals.

Assessment of need was based on a framework of risk identification. Concomitant management plans were developed to support residents in areas that posed risk of unmet need for them. Residents healthcare needs in relation to epilepsy and reduced mobility were identified with stated interventions in the form of a management plan. Inspectors were told that all ten residents from the two houses in the designated centre attended day activation, occupational and educational programmes and were supported by staff to engage in these activities that reflected their capabilities and interests.

Apart from day programmes residents enjoyed day trips supported by staff, attending local social events, cinema, eating out, home visits and swimming among numerous other events.
Inspectors observed that family contact and spending time with family in their homes was of great importance to most residents. Many residents went home to the care of their family at weekends or visited during the day. There was evidence of service support to establish and maintain this contact and inspectors saw the process where family illness prevented one resident going home as usual being supported to maintain contact by telephone.

**Judgment:**
Non Compliant - Minor

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### 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

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

**Findings:**
The designated centre consists of two community houses. Both houses had accommodation for residents over two floors. One house was a dormer style bungalow and the other house was designed as a split-level two storey premises. Inspectors found that both community houses required review to ensure they were suitable for their stated purpose in terms of design and layout. While residents' bedrooms were located on both floors in the split-level premises, the day accommodation in this house was located on the upper floor and as such windows to the back and side of the building were locked. In addition, limitations were imposed on some residents due in part to the building layout, where the kitchen door and a door on the stairs to the lower level was locked while staff were engaged in the care of other residents. This finding is discussed further in Outcome 8. The only access route to car parking at the centre was along the side and parking was available in a confined space to the back of this house. An exit located on the side of the house which in the absence of a footpath was out into the pathway of vehicles which posed a risk to pedestrians. This finding is discussed further in Outcome 7. Arrangements in the dormer bungalow style community house for shower and toilet facilities for one resident where the resident was required to access same by passing through a communal area was not acceptable and negatively impacted on this resident’s privacy and dignity.

Inspectors saw that the communal areas were well decorated in a domestic style and were in good repair. Residents' bedrooms were personalised and some residents were facilitated to decorate their bedrooms to suit their own preferences. Some residents
used their own money to decorate bedrooms and en-suites to their own tastes. Some residents purchased their own furniture and choose to sleep on a double or single bed. Each resident had their own bedroom in both houses. Residents did not have safe unaccompanied access to an enclosed garden area.

**Judgment:**
Non Compliant - Major

### 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:**
Inspectors found that the health and safety of residents, staff and visitors was generally promoted and protected in the designated centre. Health and safety was informed in the designated centre by an organisational policy which was dated 2009. Inspectors were told that this policy is currently under review.

A safety statement which was reviewed annually and was due for review on the 03 July 2013. A risk register was in place which detailed potential hazards to residents' safety with controls in place to mitigate risks, however not all risks found were identified in the register. For example, there were no footpaths for residents to safely access the garden and traffic on-site was not assessed including parking arrangements. There was evidence of good effort made to minimise risks to residents however, inspectors observed that limitations imposed to protect some residents were not assessed to ensure they did not negatively impact on the freedom of other residents. This finding is discussed further in Outcome 8 of this report. There was a substantial slope down to the back of the centre which ran down one side of the community house. Limited car parking was located to the back of the community house which resulted in cars passing within close proximity of exit doors located on the side and back of the building. This traffic posed a risk to vulnerable residents and was not identified as such in the risk register.

A regional risk management policy was available and was dated February 2014 however a copy was not readily available in one of the community houses. In addition there were residents at risk of leaving the centre unaccompanied and at risk of self-harm policies to inform these areas were not available.

A policy document on fire safety prevention and management dated March 2011 required review. Inspectors found that it did not inform fire safety in one community house as the policy references a break-glass key box should be wall mounted and in
place by each locked fire exit door however, inspectors found that not all locked doors had a break-glass unit fitted adjacent to them. Fire drills were completed at 06.45 and 04.36 and while the commentary recorded timely evacuation, a night-time drill was not completed to ensure residents can be safely evacuated when only one member of staff is on duty. All residents had personal emergency evacuation plans completed detailing equipment and staff resources required in addition to any other issues that may hinder timely evacuation. For example, one resident who resides downstairs requires a wheelchair to travel a distance and inspectors were told that the wheelchair is stored available for use at the top of the stairs however, the requirement for this resident to ascend the stairs to exit is not availing of the fire exit closest to his bedroom. The inspectors observed that there were risks posed to residents due to the arrangement of locking doors with a key which was then removed and held on the person of one staff member especially at night. Staff told inspectors that while all final fire exits are locked, they carry a key as instructed by the fire officer, however, inspectors observed that residents’ who have been assessed as being able to independently leave the centre did not have a personal key to their nearest fire exit. Inspectors saw evidence where residents participated in fire training with staff.

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:
The designated centre has a policy in place informing the prevention, detection and response to abuse dated January 2014. Inspectors informed management at the feedback session, that a review of the policy is required to provide additional detail regarding the additional support available to residents in the event of an allegation or suspicion of abuse such as social work and advocacy services. Inspectors confirmed that all staff had received training in the prevention, detection and response to abuse and staff spoken with by inspectors were aware of the appropriate action to be taken in the event of an allegation or suspicion of abuse. Inspectors were informed the person in charge that there had not been any allegations of abuse in the designated centre.
Residents in the designated centre had a history of presenting with behaviours that challenge. There were instances where physical and chemical restraint was utilised however inspectors reviewed documentation and found that appropriate reviews were conducted following the implementation of such practice to ensure that it was in line with best practice and that utilised when all other strategies are established as ineffective. Behavioural management guidelines dated 12 June 2014 were in place to inform practice. Positive behavioural support plans were in place for some residents who presented with challenging behaviour but not all. A resident who was administered chemical restraint did not have a formal positive behavioural support plan in place. Inspectors saw where a physical intervention/restrictive practice assessment was completed for another resident on the 19 February 2014 by a clinical nurse specialist. Documentation reviewed identified reactive strategies but did not clearly identify proactive strategies. Equipment recommended for use in the event of an incident was identified in assessment documentation but was not identified as a buffer/protective tool. There were risks associated with use of this equipment but there were no risk assessments completed and while staff were informed in relation to risk mitigation procedures, these controls were not documented.

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:
There was a process in place for assessment and identification of residents' healthcare needs. A risk based assessment framework was in use to identify residents needs which required support and intervention by staff to mitigate risk of potentially negative outcomes for residents from non addressed needs. The inspector found that in general residents’ healthcare needs were documented; however, interventions informed by treatment protocols and policy documents were not consistently reflective of best practice. For example administration of medication to a resident with prolonged seizure activity was delayed. Although epilepsy treatment protocols were in place they were not always reflected in practice. There were also instances where the specific interventions to be implemented were not clear. For example, where a nutritional need was identified there was no referral to relevant allied health professional to meet that need for either recommendations for dietary intake or modification of food consistency.
Some residents were in receipt of specialist diets and while staff in both community houses had attended food hygiene training, there was an absence of evidence that their meal preparation decision was supported by the advice of a dietician. Residents with swallowing issues and in receipt of modified consistency foods were not reviewed by a speech and language therapist.

There was evidence that residents were referred appropriately and were reviewed by other allied health professionals including physiotherapy, occupational therapy, chiropody, dentistry, the optician and medical care including GP services.

**Judgment:**
Non Compliant - Moderate

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**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:**
An approved operational policy or procedure to inform practice was not available on the day of inspection. The medication management policy was in draft format and had not been implemented in practice. The two community houses had different systems in place regarding the administration of medication including administration of medication by care staff in the absence of a policy document or adequate training in medication administration. Inspectors were made aware that there was a draft policy which was currently under review as a result of findings of inspectors at an organisational level in addition to putting arrangements in place whereby medications were administered by registered nurses only. Nurses engaged in transcription of residents' medication prescriptions. There was supporting signatory information on each prescription including the GPs signature.

Inspectors reviewed a sample of prescriptions and medication administration sheets in one of the community houses and found that there were some areas of improvement required including the following;
- Residents allergy to medication status was not consistently completed.
- There was no resident photograph attached to prescriptions to facilitate required checking procedures prior to medication administration.
- Prescription sheets required re-formatting to ensure there was adequate space for medication reference coding available for the purpose of recording medication administration.
- A locked medication press was fitted on the wall in the dining room which may compromise security of medication storage.

Inspectors found that medication stock was checked appropriately. There was evidence that residents had received assessments to ascertain if they were in a position to self-medicate.

**Judgment:**
Non Compliant - Major

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**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

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

**Findings:**
Inspectors reviewed a copy of the staffing rota for each house. The designated centre had two systems in place for staffing community houses. In both community houses, a registered nurse was on duty for twelve hours during the day and care staff managed the houses during the night. Inspectors formed the judgement that staffing levels and skill mix required review to ensure that medication administration was undertaken by staff trained and competent in this procedure. There was evidence as discussed in Outcome 7 where limitations were imposed on residents while staff were attending to other residents' personal care needs due to the layout of one community house in the designated centre. In addition, a night-time fire evacuation drill had not been completed in one of the community houses which has accommodation for residents on two floors with one member of staff on duty.

While staff have access to education and training in line with their professional development requirements, there was evidence that education and training on medication management and menu planning for specific dietary needs was required to ensure residents' needs were met in these areas. Inspectors reviewed training records and evidenced that staff received required mandatory training at appropriate intervals such as fire management and prevention, protection and response to abuse.

**Judgment:**
Non Compliant - Moderate
<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
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<tbody>
<tr>
<td>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.</td>
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</tbody>
</table>

| **Theme:** |
| Use of Information |

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

| **Findings:** |
| The inspector found that a number of operational policies to inform practice either required review or were in draft format. Health and safety was informed in the designated centre by an organisational policy which was dated 2009. Inspectors were told that this policy is currently under review. |

| A policy document on fire safety prevention and management was available however required review as it did not include documented details of an arrangement with staff in a neighbouring community house. |

| The medication management policy was in draft format and had not been implemented in practice |

| **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:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
<th>Centre name:</th>
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<td>OSV-0002452</td>
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<tr>
<td>Date of Inspection:</td>
<td>23 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>6 August 2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:
Limitations imposed to protect some residents were not assessed to ensure they did not negatively impact on the freedom of other residents.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
To ensure that each resident has freedom to exercise choice and control in his or her daily life the following has been completed:
1. Signatures and dates have been recorded on the residents’ property and possessions.
2. Kitchen area no longer restricted. This remains under constant review.
3. Access to level 2 of house no longer restricted and remains under constant review.
4. Engineer contacted in relation to restriction at Lisdarragh. Engineer visited site on 10.09.10 and completed feasibility study. Plan developed in relation to garden access. Work to commence on 28.10.14. and completion date expected on 28.11.14
5. Engineer contacted in relation to installation of en suite in bedroom at Tonniscoffey. Engineer visited site on 01.10.14 and completed feasibility study. Work currently out for tender. Works to be completed by 19.12.14
6. Break Glass key box has been installed adjacent to exit doors.

**Proposed Timescale:** 19/12/2014

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents privacy and dignity needs were not met in all respects.

**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
To ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information the following has been completed.

Engineer contacted in relation to installation of en suite in bedroom at Tonniscoffey. Engineer visited site on 01.10.14 and completed feasibility study. Work currently out for tender. Works to be completed by 19.12.14

**Proposed Timescale:** 19/12/2014
### 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:**
There was limited evidence from review of one resident’s personal goals not progressed after eight months.

**Action Required:**
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

**Please state the actions you have taken or are planning to take:**
All personal plans have been amended in accordance with any changes recommended following a review of resident’s goals.

**Proposed Timescale:** 08/09/2014

### 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 only access route to car parking at the centre was along the side and parking was available in a confined space to the back of this house.

An exit located on the side of the house which in the absence of a footpath was out into the pathway of vehicles which posed a risk to pedestrians.

Residents did not have safe unaccompanied access to an enclosed garden area.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
In order to provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of resident’s the following actions have been completed.

Risk assessment developed on 11.08.14 to address risk posed to pedestrians. This is kept under constant review.

Proposed Timescale: 28/11/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements in the dormer bungalow style community house for shower and toilet facilities for one resident where she was required to access same by passing through a communal area was not acceptable and negatively impacted on her privacy and dignity.

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:
Engineer contacted in relation to installation of en suite in bedroom at Tonniscoffey. Engineer visited site on 01.10.14 and completed feasibility study. Works currently gone out to tender Works to be completed by 19.12.14

Proposed Timescale: 19/12/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Windows were locked on the upper floors in houses and there were no arrangements in place to ventilate residents' rooms safely at intervals.

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:
To ensure the requirements of Schedule 6 arrangements put in place in both units to ventilate residents' rooms safely will be reviewed and documented in each site specific Health and Safety Statement.

Proposed Timescale: 31/08/2014

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:
There were residents at risk of self-harm however, a policy to inform this area were not available.
**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
To ensure that the Cavan/Monaghan Disability Risk Management Policy includes the measures and actions in place to control self-harm, this Policy will be reviewed and amended to reflect same.

**Proposed Timescale:** 15/09/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all risks found were identified in the register. For example, there were no footpaths for residents to safely access the garden and traffic on-site was not assessed including parking arrangements.

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

**Please state the actions you have taken or are planning to take:**
To ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre, all risks found will be clearly documented in each units Health and Safety Statement.

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were residents at risk of leaving the centre unaccompanied however a policy to inform this area were not available.

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

**Please state the actions you have taken or are planning to take:**
A Customised Missing Person Policy has been developed and implemented for both units.
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<th>Proposed Timescale: 15/07/2014</th>
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<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A policy document on fire safety prevention and management dated March 2011 to inform arrangements in the houses did not reflect practice.

**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:**
The Policy Document for fire safety will be reviewed in both units to reflect practice

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<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors found that fire exit doors were locked and arrangements in place may hinder evacuation in the event of a fire. A requirement for a resident to ascend a stairs to exit in the event of fire was not availing of the fire exit closest to his bedroom.

**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:**
To ensure adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations, the following has been implemented
1. Policy Document reviewed and updated to reflect current practice.
2. The completion and continuation of night time evacuations
3. Break Glass Key Pads installed adjacent to exit doors.
4. Assessing Unit for use of ski-pad for one resident who currently is using a wheelchair to assist with evacuation.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A night-time drill was not completed to ensure residents can be safely evacuated when only one member of staff is on duty.
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:
A night-time drill has been completed to ensure residents can be safely evacuated when only one member of staff is on duty.

Proposed Timescale: 08/08/2014

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Positive behavioural support plans were in place for some residents who presented with challenging behaviour but not all.

Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
To ensure that therapeutic interventions are implemented, and reviewed as part of the personal planning process a date has been agreed with the Clinical Nurse Specialist in challenging behaviour to review resident’s plans.

Proposed Timescale: 19/08/2014

Outcome 11. Healthcare Needs
Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Epilepsy treatment protocols in place were not consistently reflected in practice.

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:
To provide appropriate health care for each resident, having regard to each resident’s personal plan, a comprehensive Epilepsy Treatment Protocol has been developed and implemented in both Units.

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<td>Theme: Health and Development</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents with swallowing issues and in receipt of modified consistency foods were not reviewed by a speech and language therapist.

There was an absence of referral of residents with nutritional needs to a relevant allied health professional.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Appropriate referrals have now been made to the relevant allied health professionals.

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<td>Theme: Health and Development</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an absence of evidence that specialist diet preparation decisions was supported by the advice of a dietician.

Action Required:
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:
To ensure that each resident has adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences the Dieticians services will be sought for both facilities to educate staff on specialists’ diet preparation.

| Proposed Timescale: 19/12/2014 |
**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 approved operational policy or procedure to inform practice was not available on the day of inspection.

Medication was administered to residents by staff who had not attended medication training.

Residents allergy to medication status was not consistently completed on prescription records.

There was no resident photograph attached to prescriptions to facilitate required checking procedures prior to medication administration.

Prescription sheets required re-formatting to ensure there was adequate space for medication reference coding available for the purpose of recording medication administration.

The location of a locked medication press fitted on the wall in the dining room was not risk assessed in terms of security of medication storage.

**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:**

The centre has 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.

A Medication Management Policy has been developed and implemented. Training to be provided in Medication Management to all staff.

**Proposed Timescale:** 29/07/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staffing levels and skill mix were not adequate to ensure that medication administration was undertaken safely and to adequately meet the supervision needs of residents.
An assessment of staffing levels on night duty was not undertaken to ensure the safe evacuation of residents in the event of fire.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The Designated Centre has assured itself that following assessment of qualifications and skill mix of staff that it meets the needs of the residents.

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

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff education and training on medication management and menu planning for specific dietary needs was required to ensure residents' needs were met in these areas.

**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:**
Training to be provided in Medication Management to all staff. Completed on 29.07.14
Training in menu planning for specific dietary needs is being sought.

**Proposed Timescale:** 19/12/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that a number of operational policies to inform practice either required review to reflect practices or were in draft format including the health and safety, fire safety prevention and management and medication management policies.

**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:
A Medication Management Policy has been developed and implemented for both units. The Fire Safety Policy for both units is currently being reviewed with the regional Fire Officer.

The Risk Management Policy for the service is currently being reviewed. All risks to be identified in Health & Safety Statements for both units

Proposed Timescale: 31/08/2014