# A designated centre for people with disabilities operated by Muiriosa Foundation

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004089</td>
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<tr>
<td>Centre county:</td>
<td>Laois</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Muiriosa Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Heather Hogan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>15</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
13 January 2015 10:30 13 January 2015 06:30
14 January 2015 10:30 14 January 2015 15:30

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

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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</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 inspection of a designated centre operated by the Miuriosa Foundation was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. The centre comprises four community homes, two of which were adjacent to each other. The homes were comfortable and adequate to meet the assessed needs of the residents.

As part of the inspection, the inspector visited the all the houses and met with residents and the staff members. The inspector observed practices and reviewed documentation such as policies, personal plans, and accident and incident records.
The inspector also reviewed questionnaires completed by relatives of the residents.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

Some improvements were required, for example, in risk management and in resources, and these are discussed in the body of the report and in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:**

The inspector found that there were practices in place to ensure the preservation of privacy and dignity for residents, for example, staff knocked on the doors of residents’ rooms before entering, and spoke respectfully and appropriately to residents. There were detailed plans of care in place in relation to the provision of personal care to residents.

No right restrictions had been identified in the designated centre, and residents all had access to advocacy, both internally and through the national advocacy service.

A list of possessions was in place for each resident and this included a photographic inventory of larger or more expensive items.

There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. A complaints log was kept which included evidence of actions being taken by the service in response to a complaint.

There was evidence of the inclusion of residents in the organisation of the centre, they were consulted both individually and as a group at weekly residents' meetings. Minutes of these meetings were kept and were available to residents.

**Judgment:**
Compliant
### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
A communication profile was in place for every resident who was unable to communicate verbally or who had other communication difficulties. There was also a section in the personal plan for every resident in relation to communication. Staff had detailed knowledge of each individual’s communication needs, and the inspector observed this in interactions between residents and staff.

There were TVs and radios available, some residents had tablets and were supported to Skype relatives and friends. Where residents had an interest in tv guides they were supported to obtain these.

There was a folder available with accessible versions of relevant information. There was also pictorial representation of pertinent information for some residents, for example, pictures of staff on duty, the menu and schedules of events.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Links had been forged and maintained with the local communities of the houses, for example, residents attended community groups such as a knitting group, an Irish music group and a prayer group. Residents were known in their community, they used the local shops and were involved in the local church.
Visits were welcomed and facilitated, and privacy for visits was managed by the use of various parts of the houses.

Many of the families of residents were very involved in the life of the centre, and there was evidence of their involvement of their relatives personal plans and in family meetings. Arrangements for such meetings were made in accordance with the needs of the family where possible.

**Judgment:**
Compliant

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**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):**

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

**Findings:**

There was a signed contract in place for each resident which clearly outlined the services offered by the designated centre, and the fees incurred.

There was an admissions policy in place in sufficient detail as to guide staff. One resident was in the process of a transition into residence of the centre. A transition plan was in place which included a thorough assessment of needs, and there was evidence that the family had been involved in the planning of this transition and this was documented in the record of family meetings.

**Judgment:**
Compliant

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**Outcome 05: Social Care Needs**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.
### Theme: Effective Services

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

### Findings:
The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes. A personal plan was in place for each resident, based on their assessed needs. Every area of care examined by the inspector included an assessment and plan, and the implementation of these plans was recorded.

There was evidence of a meaningful day for residents in that preferred activities were sourced and supported, weekly schedules were planned with residents and hobbies and interests were facilitated. Some of the residents who were elderly and did not attend a day service planned their schedules with staff and these schedules included both preferred activities and leisure time as chosen by the residents.

Whilst some personal information was available to residents in an accessible version, for example, a photographic schedule and photographs of events which had taken place, personal plans had not yet been made available to residents in an accessible version.

### Judgment:
Non Compliant - Minor

### Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

### Theme: Effective Services

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

### Findings:
The designated centre comprised four community homes, two of which were adjacent to each other. The homes were spacious and well furnished and equipped in accordance with the needs of the residents. There were sufficient bathrooms and living areas. Each resident had their own bedroom which was personalised with their own possessions and furnishings.
With the exception of one of the driveways as discussed under outcome 16 the homes were well maintained and decorated.

**Judgment:**
Compliant

### Outcome 07: Health and Safety and Risk Management
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

**Findings:**
The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. The inspector found that staff were very aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for all residents and all fire safety equipment had been tested regularly.

An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

The centre’s risk policy included all the requirements of the regulations. There was a health and safety statement in place in each house.

Whilst most risks had been identified and assessed, there was no risk assessment in place relating to residents’ self management of spending money, and while there was a risk assessment in place relating to lone workers, the management of the risk had not been identified.

Systems were in place in relation to infection control, hand hygiene training had been made available to staff, facilities were readily available, cleaning equipment was appropriately stored and the designated centre was visibly clean.

**Judgment:**
Non Compliant - Minor
### 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

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

**Findings:**
The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents.

There was a financial management plan in place for each resident. Any purchases were recorded with a receipt and a signature and personal monies were checked daily by two members of staff. All balances checked by the inspector, including personal money and household finances, were correct.

Positive behaviour support plans were in place for all residents who required them. They were based on thorough assessments of need and were detailed enough to guide staff. Implementation of the plans was recorded and the plans were reviewed regularly at monthly behaviour support meetings.

**Judgment:**
Compliant

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### 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):**
This was the centre’s first inspection by the Authority.
Findings:
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.

Findings:
There was evidence that residents had a meaningful day and social activities in accordance with their needs and preferences. Residents had access to community facilities and opportunities to participate in activities in accordance with their interests, capacities and stage of life.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that residents healthcare needs were met. Residents had access to healthcare professionals in accordance with their needs, some of which made house calls where this better suited the needs of residents.
Residents’ personal plans began with a synopsis of the most important information, including healthcare information. Every aspect of healthcare examined by the inspector included an assessment and healthcare plan, and the implementation of these plans was recorded. There was some ambiguity in one plan of care which was inconsistent with the prescription for the resident. The inspector was satisfied that the resident was not at risk, and the issue was rectified by staff immediately.

The inspector was satisfied that an adequate and nutritional diet was available, where required in consultation with the dietician and the speech and language therapist.

Residents were involved in the planning of menus each week and their particular dietary requirements and choices were accommodated. The kitchens were well stocked and residents had access to snacks and drinks.

Whilst a record of nutritional intake was maintained when a resident was at risk, there was no record of the nutritional intake of other residents, as further discussed under outcome 18.

**Judgment:**
Compliant

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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:**
There were systems in place to safely and effectively manage medications. Ordering, storage and administration of medications were all managed effectively. Audits of medication management had been completed and there was a medication policy in place together with a local protocol.

Prescriptions were timed and individually signed, and there was a protocol in place for any ‘as required’ (PRN) medications.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She maintained a presence in the centre and it was apparent that she was well known to the residents and had good knowledge of their health and support needs. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation. There was evidence of strong leadership skills for example, in her involvement in the development of staff practice.

Team meetings between the person in charge and the staff were held every two months, these meetings were minuted and any agreed actions were monitored. The person in charge also attended regular management meetings.
While there was a clear management structure in place, the person assigned to be the deputy person in charge was currently only part time, which in the event of the absence of the person in charge would be insufficient.

Some audits had taken place in the designated centre, for example, audits of medication management and residents’ finances. However, where actions were identified from these audits, the person responsible was not identified and there was no evidence that the implementation of these actions was monitored.

The provider had made arrangements for an unannounced visit of the designated centre as required by the regulations. The provider was aware of the responsibility of the provider to prepare an annual report of the quality and safety of care and support of residents for the chief inspector, and while the process had commenced the report was not yet available.

**Judgment:**
Non Compliant - Minor

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider and person in charge were aware of when they were required to notify the Authority of absences of the person in charge. While the person identified as the deputy to the person in charge was not in a full time position, as discussed under outcome 14, there were currently no expected absences.

**Judgment:**
Compliant
### Outcome 16: Use of Resources

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that, for the most part, the designated was sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

However, there were large potholes in the driveway to one of the houses, so that negotiating it in a vehicle in bad weather was difficult. In addition, the designated assembly area in the event of a fire was at the end of this driveway, and the fire officer with responsibility for the designated centre had refused approval to change the location. Some of the residents were anxious about walking down this driveway.

The provider was aware of this issue, which had not been rectified so far due to resource issues. The provider outlined a plan to the inspector to rectify the situation.

**Judgment:**
Non Compliant - Moderate

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector was satisfied that the numbers and skill mix of staff was adequate to meet the assessed needs of the residents. Each resident had an identified key worker and shifts were organised to meet the needs of residents.
Staff training records were examined and appropriate training was found to have been provided. Staff engaged by the inspector were found to be knowledgeable in relation to the assessed healthcare and social needs of residents, and in safeguarding of residents.

A system of staff appraisal was in place, the structure of these appraisals included the identification of both strengths and areas for improvement and the identification of training needs.

**Judgment:**
Compliant

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### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
All policies required under Schedule 5 were in place. All records in relation to residents and general records required under Schedule 4 were also in place, with the exception of the record of nutritional intake of all residents as discussed under outcome 11.

**Judgment:**
Non Compliant - Minor
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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Action Plan

Provider’s response to inspection report

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<td>OSV-0004089</td>
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<tr>
<td>Date of Inspection:</td>
<td>13 January 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>6 February 2015</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 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:
Not all risks had been assessed or managed.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system

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

**Please state the actions you have taken or are planning to take:**
The Registered Provider will liaise with the Person In Charge:
1. To ensure they put the necessary Risk Assessments and management plans in place including a system for responding to emergencies.
2. The lone working protocol has been extended to include a risk management plan.

**Proposed Timescale:** 14/01/2015

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<th>Outcome 14: Governance and Management</th>
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<tr>
<td><strong>Theme:</strong> Governance and Management</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>There was no monitoring of the outcomes of audits.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The Registered Provider will work with the Person in Charge to ensure that all local audits are available and are followed up and actioned as required.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 28/02/2015</td>
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<tr>
<td><strong>Theme:</strong> Governance and Management</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>The annual review was not complete.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>The Annual Review has now been completed for the designated centre.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/01/2015</td>
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### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There had been insufficient resources available to provide essential maintenance.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has organised a formal assessment of the driveway at the designated centre. An Architect has been commissioned and visited the centre on February 5th 2015. Specifications and costs are currently being prepared. The Registered Provider will ensure that finances are sourced for the completion of the work required; public procurement process must be adhered to therefore it is envisaged that work will be completed by the end of summer 2015.

**Proposed Timescale:** 30/09/2015

### 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 record required under Schedule 4 relating food provided was not maintained for all residents.

**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:**
The Person in Charge has extended the current recording system with regard to menu planning and recording and will ensure that this system includes all residents. The Registered Provider will include this area in local audits.

**Proposed Timescale:** 09/03/2015