## 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 Daughters of Charity Disability Support Services Ltd.</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003930</td>
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<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
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<tr>
<td>Provider Nominee:</td>
<td>Geraldine Galvin</td>
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<tr>
<td>Lead inspector:</td>
<td>Julie Hennessy</td>
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<tr>
<td>Support inspector(s):</td>
<td>Philip Daughen</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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: 06 November 2015 09:30 To: 06 November 2015 16:30

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

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Summary of findings from this inspection
This was the third inspection of this designated centre. This inspection was in response to notices of proposal to refuse and cancel registration of the centre that were issued by the Health Information and Quality Authority ('the Authority') to the Daughters of Charity in response to an application by the provider to register the centre. This inspection followed up on non-compliances from the previous inspection and also considered a submission by the provider in relation to the notices of proposal to refuse and cancel registration of the centre. This inspection also focused on determining the adequacy of fire precautions in this designated centre.

The centre provides residential accommodation for both adults and children with a severe to profound intellectual disability. The centre can accommodate seven residents, three adults and four children. Adults ranged in age from 25 to 29 years and children from 13 to 16 years. All residents required assistance to mobilise.

The centre is part of a larger building containing other designated centre’s as well as
other uses such as offices and is a congregated setting. The building is located on a
campus providing numerous facilities for people with disabilities including residential
accommodation.

The building within which the centre is located is single storey of traditional masonry
construction with a pitched roof that is tiled. Many of the internal walls are non
structural partition walls. Five of the seven residents within the centre had their own
single bedrooms. The remaining two residents shared a bedroom. The centre also
contained shared living and dining rooms as well as other areas such as bathroom
facilities, laundry and an office.

There was evidence of some improvement since the previous inspection. For
example, advocacy arrangements had been reviewed and the new arrangements
now met the requirements of the Regulations. In addition, the person in charge had
completed personal plans and communication booklets in an accessible format.
Efforts had been made to increase the frequency and type of off-campus activities,
particularly at weekends.

However, four major non-compliances were identified at this inspection that related
to the centre not meeting the needs of all residents, the design and layout of the
centre, fire safety and governance and management of the centre.

A key failing cited in the notices of proposal to refuse and cancel the registration of
this centre was that the service provided was not appropriate to the age and needs
of residents in terms of privacy and dignity, risk and safeguarding of residents. The
service was not specifically tailored towards either adults or children. The provider
has not demonstrated that this failing has been adequately progressed and the
previously provided timeframe will not now be met. A funded, costed and time-
bound plan has not been submitted to the Authority to address this failing.

The inspectors identified areas of good practice as well as areas requiring
improvement in relation to fire precautions in place within the centre. The inspectors
identified that a fire at night had not been adequately simulated through fire drills in
order to determine the adequacy of the services response to such an event. The
inspectors instructed the provider to take immediate steps in order to address this
which they subsequently did within the time frame agreed with inspectors. In
relation to the building itself in which the centre is located, the arrangements in
place to contain a fire should one occur were observed by inspectors as not being
adequate. The building was not provided with construction capable of containing a
fire where required. Furthermore, the layout did not provide an adequate number of
escape routes from some areas of the building in the event of a fire.

Other non-compliances related to privacy and dignity, safeguarding, communication,
general welfare and development and residents' records to be kept in the designated
centre.

The Authority did not agree the action plan in full with the provider despite affording
the provider the opportunity to submit a satisfactory response. The provider's
response to Regulations 5(3), 17(1)(a), 17(7), 28(2)(c), 28(3)(a) and 23(1)(c) under
Outcomes 5, 6, 7 and 14 respectively were not accepted as they did not satisfactorily address the failings identified.

Findings are detailed in the body of this report and should be read in conjunction with the actions outlined 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):

Findings:
At the previous inspection, it was not clearly demonstrated how the advocacy committee was representative of all residents. Since the previous inspection, the structure of the adult advocacy committee had been revised. The new structure involved monthly advocacy meetings at service-level and a resident from this centre would be supported to attend and/or be represented. While this new structure had only been recently introduced, it was demonstrated that the structure would facilitate representation from this centre and how any themes or issues arising would be addressed.

At the previous inspection, arrangements to support privacy and dignity required review. The door of the main bathroom did not close fully and there was no sign or other means of indicating whether the bathroom was occupied. In addition, two residents shared a dormitory-style bedroom. Also, while the two beds were separated by a full-length privacy screen, the screen did not fully encircle each bed. Also, where an audio monitor was in use, it was not satisfactorily demonstrated that all alternative measures had been considered. Since the previous inspection, failings in relation to the bathroom door, the audio monitor and privacy screening had been addressed.

While staff endeavoured to promote residents’ privacy and dignity, inspectors found that the design and layout of the centre compromised the privacy and dignity of residents. This is addressed under Outcome 6, safe and suitable premises.

At the previous inspection, it was found that where a child was in the process of transitioning to adulthood, this process was not formal and a transition plan had not been completed to prepare the child for adulthood. Since the previous inspection, a
multi-disciplinary transition team had met and tasks had been identified to support a resident to transition to childhood. Tasks were assigned to key individuals and timeframes had been set. One outstanding item in the short-term was that a named teacher had yet to be identified as part of the transition team.

Judgment:
Substantially 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):

Findings:
At the previous inspection, it was found that individual communication plans required further development to fully reflect the knowledge of the staff and robustly guide practice. At this inspection, while staff clearly articulated how they met residents’ communication needs, further improvement was again required to ensure that care plans directed the support to be given. For example, a resident had been seen by a speech and language therapist (SALT), recommendations had been made and communication goals had been identified. A report of the SALT assessment was on file and the person in charge was able to clearly articulate the SALT recommendations. However, a communication care plan had not been developed to ensure that the resident’s communication needs would continue to be supported in a consistent way by all staff and that communication goals could be monitored and tracked.

At the previous inspection, it was not evident that residents had access to the input of a SALT to ensure that communication practices were relevant and met the changing needs of the residents. For example, of the files viewed, one working file indicated that the resident was last seen in 2010 and for another, staff confirmed it had been six years since their last SALT review. At this inspection, a SALT assessment had been completed for all children. The person in charge had requested a review of each adult residents’ communication needs and the SALT had visited the centre but assessments were outstanding. However, the MDT team had agreed to complete a full assessment of each adult residents’ needs in the centre, including their communication needs. The timeframe for completion of these assessments was not clear.

Judgment:
Non Compliant - Moderate

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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the previous inspection, it was found that off-campus activities, particularly at weekends, were very limited and that improvement was required in relation to the development of community links. Since the previous inspection, the person in charge demonstrated that satisfactory steps had been taken to address this failing. Inspectors reviewed a log that indicated increased activities off-campus including outings and day trips. These included visiting a pet farm, a historical castle and two residents had enjoyed a two-night overnight trip in October.

Day services that were provided on campus were reviewed to incorporate more activities focussed on developing community links for each individual. For example, the activity log demonstrated that residents were now involved in day-to-day tasks and interests such as shopping and going for walks or drives in the community.

**Judgment:**
Compliant

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
At the previous inspection, it was found that contracts had not been individualised and they were not sufficiently clear. At this inspection, inspectors reviewed a sample of contracts and found that an addition had been made in an effort to address the failing identified at the previous inspection. A further amendment was required in order to fully address the failing and this was discussed with the person in charge.

**Judgment:**
Substantially Compliant
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection, it was found that the placement of one resident in the centre and the age-mix of residents within the centre was unsuitable. The centre accommodated both adults and children, meaning that the service could not be tailored to either adults or children. Where additional space was required to meet individual resident’s needs, the centre did not provide such space. This failing was at the level of major non-compliance. At this inspection, a costed, funded, time bound plan had not been submitted to the Authority to address this failing. This will be further discussed under Outcome 14, governance and management.

At the previous inspection, it was found that improvements were required to the documentation pertaining to the setting of personal goals for both adults and children. Documentation relating to how goals will be achieved (including any supports required), whether goals are short-, medium- or long-term and a clear plan for achieving goals were not maintained for each resident. It was not always clear how goals contributed to improving the resident's quality of life. In addition, key goals that had been discussed at MDT had not been included in the personal plan in a detailed way. The personal plan did not include plans in place to support residents during key transitional periods in their lives. At this inspection, it was found that the setting of goals required further review. For example, goals could be identified from documentation (such as discussions at personal planning meetings and in a speech and language therapy document) but they were not included as goals.

At the previous inspection, it was found that the review process did not assess the effectiveness of the personal plan or consider proposed changes to the plan. Steps had been taken to address the failings from the previous inspection. Staff representatives were attending working groups/committees in relation to personal planning and healthcare planning. A tracking form had been recently introduced to aid with monitoring of residents’ goals but the person in charge outlined that staff training was required to support the effective use of this tool. While overall, care plans were very specific in terms of meeting residents’ healthcare needs, some gaps were found. For
example, an end of life care plan did not reflect end of life care wishes that had been discussed nor did it specify clinical direction by the general practitioner (G.P.) in the event of sudden illness or deterioration.

At the previous inspection, it was found that the personal plan was not in an accessible and age-appropriate format. Since the previous inspection, the person in charge and staff team had developed accessible personal plans entitled “this is me” for all residents that outlined in pictorial format each individual resident’s likes, dislikes, interests, day service, preferred method of communication, healthcare needs and about who is important in their lives.

At the previous inspection, it was found that input from MDT into the review process did not meet the requirements of the Regulations for the review of the personal plan to be multidisciplinary. The person in charge demonstrated that while this failing had yet to be completed in full, progress had been made to address this failing since the previous inspection. An MDT meeting had been held for each resident. With respect to the children, an inspector reviewed goals that had been developed for a child. While the goals incorporated MDT recommendations, the goals were not always clear nor were the necessary supports to achieve certain goals specified. For example, goals included references to “objects of reference and sensory cues” and the need to “expand the skill of having (his/her) needs and desires met when indicated by early responses and reflexes”. With respect to the adults, a note was held in each adult resident’s file that a full assessment of needs would be completed by each member of the MDT.

**Judgment:**
Non Compliant - Major

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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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
At the previous inspection, it was found that the design and layout of the centre did not meet the needs of all residents. At this inspection, the finding was unchanged.

As previously mentioned, the design and layout of the dormitory-style bedroom compromised residents’ privacy and dignity. The sleeping accommodation of five of seven residents was originally a dormitory-style area, that had since been sub-divided.
into three single rooms and one shared space. Two residents shared a space that was separated from other areas (a toilet, three bedrooms and access to the playroom) only by full-length privacy screening. The falling relating to the shared space that was separated from other frequently accessed areas only by full-length privacy screening was unchanged since the previous inspection. For two other residents, their bedrooms were provided with internal windows meaning that they could be observed within their bedroom from outside of their room. While there were blinds on all of the windows, one set of blinds could only be operated from the outside by staff, which the person in charge explained was due to health and safety reasons.

Sleeping accommodation for only two of seven residents incorporated a window at a level that residents could see out. The remaining bedrooms were provided with narrow glazing panels along one wall over two meters above the ground, meaning that natural light was limited in the bedroom accommodation for those five residents.

The two bedrooms that did not form part of the dormitory-style accommodation directly opened into the communal dining/living room.

The TV room was also an office space and the entrance area, which detracted from a homely environment. Due to behaviours that challenge of a resident in a nearby centre, there were times during the day when the blinds in the centre had to be closed and doors locked from the inside.

At the previous inspection, it was found that not all of the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were met as suitable storage was not provided to accommodate all equipment. At this inspection, it was found that alternative storage space had been provided in an adjoining area.

At the previous inspection, it was found that it was not demonstrated that the number of hand wash basins was adequate to meet the specific needs of all residents. At this inspection, an additional hand wash basin was installed in a bedroom, following a risk assessment.

There was a large bathroom that included assistive equipment and facilities, such as a shower trolley and ceiling track hoist. However, inspectors found that the number and type of accessible baths and showers were not sufficient to meet the intimate care needs of residents in this centre. As there was only one accessible bathroom, residents could only be supported with showering on alternate days and staff assisted residents with washing on other days via ‘bed-baths’. Given the intimate care needs of residents in this centre, the facilities provided were not adequate. The associated infection control risk is addressed under Outcome 7.

The inspectors also noted that the majority of residents required the use of a hoist to assist with mobility around the centre. While mobile hoists had been provided for this purpose, the service documents affixed to the individual hoists indicated that they were overdue their regular service.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
The Authority had previously issued an immediate action plan to the provider in relation to fire safety failings identified within the centre. This was issued on the basis of the previous inspection as well as information supplied to the Authority by the provider. It was found on this inspection that these fire safety failings had not been rectified.

Inspectors noted that the centre was provided with a fire alarm system which covered the whole building in which the designated centre was located. The alarm was capable of displaying the exact location of any detection in order to facilitate a speedy response in the event of a fire. The location of any fire detected activation would be displayed on a panel within the access corridor outside the centre as well as on pager devices held by staff. Inspectors also noted that emergency lighting had been installed and that fire extinguishers had been provided within the centre. There was also emergency exit signage installed to direct occupants to exits.

While there were an adequate number of escape doors to the outside within the centre, the internal layout did not provide an adequate number of escape routes from some areas of the centre. Inspectors noted that the single bedrooms were inner rooms. The single bedrooms were not accessed from a corridor or other circulation space but instead could only be entered by travelling through another habitable room which depending on the location within the centre was either a dining room or another bedroom. This meant that the occupant of the single bedroom could potentially be unable to escape should a fire occur in the room outside of their bedroom door.

Inspectors noted that in the main, doors on escape routes were openable in the direction of escape without the use of a key in the event of fire. A number of doors to the outside were secured with magnetic locks which were programmed to disengage in the event of fire alarm activation. Inspectors also observed that a number of the internal doors as well as doors to the outside were equipped with locks requiring the use of a key in the direction of escape although these locks did not appear to be in use in the majority of cases.

The main fire safety failings observed by inspectors relating to the building were the arrangements in place to contain a fire. The building was not constructed in a manner capable of effectively containing a fire should one occur. Inspectors noted that many of the doors provided within the centre would not be capable of containing a fire where required. This was due to either the non fire resisting construction of the door set, the
lack of intumescent strips and cold smoke strips to prevent the passage of heat and smoke between the door and the frame, the absence of an adequate self closing device or a combination of some or all of these issues. Inspectors also noted that in a number of cases, the internal walls would also be unable to contain a fire due to its construction, for example, the presence of glazing within the wall. In general, most rooms including fire hazard rooms such as storage rooms were not constructed in a manner capable of containing a fire.

The centre was provided throughout with a suspended ceiling of lightweight construction with ceiling tiles constructed of particle board or similar material. This ceiling was in poor condition with visible gaps and warped tiles in various locations. The roof space and cavities above the suspended ceiling were largely continuous as observed by inspectors in a number of locations throughout the centre. The internal walls checked by an inspector terminated just above the level of this suspended ceiling, including walls provided with fire doors to prevent the movement of fire and smoke. This meant that in the event of a fire, heat and smoke would be able to enter the roof space from the room the fire had started in and travel unchecked throughout the centre bypassing all the walls and doors provided below the ceiling. This could lead to occupants being trapped due to the unseen movement of heat and smoke through the centre in the roof space before it possibly descends in an area of the centre remote from the fire. Inspectors did note however, that a smoke detector linked to the fire alarm was provided in the roof space.

Inspectors observed that in general, good fire safety practice was implemented in the day to day management of the centre. Inspectors found that the fire equipment including the alarm and extinguishers had been serviced when required. There was also a system of regular fire safety checks in place which had been recorded as being completed when required in the main. Inspectors found that escape routes were not blocked and other sensible precautions had been completed such as the clothes dryer being emptied of lint. However, inspectors did observe one instance of storage of oxygen equipment and one spare cylinder within a room that was the sole escape route for five residents.

Upon examination of the fire and evacuation procedures it was found that the needs of the residents in the event of an evacuation had been assessed. There was a fire action plan in place and this was displayed in a prominent location with the centre. Upon speaking to staff, an arrangement where evacuation was prioritised within the areas local to the fire in the initial stages was described to inspectors. However, this arrangement did not appear to be reflected in the fire procedure and fire action plan viewed by inspectors.

The inspectors also noted that regular fire drills were being carried out within the centre and records were being kept in relation to same. The drill records contained basic information as to the nature of the drill including staff names, date, location of simulated fire and time taken to evacuate. After examining these records and speaking to staff, it was deduced that the fire drills for which records exist were carried out with the participation of day staff only. Staff were unable to provide evidence that fire drills had been undertaken simulating night time conditions including the participation of night time staff. It was also not possible to adequately determine the location of residents at
the time of the drill from looking at the records. Therefore the inspectors were not assured that the centre could be evacuated in a timely fashion in the event of a fire at night within the centre. As a result of these findings the inspectors instructed the provider to take immediate action compelling them to provide evidence, such as a relevant fire drill record simulating night time conditions and conducted with the night staff, in order to demonstrate that the centre could be evacuated in a timely fashion in the event of a fire at night within the centre. The provider subsequently provided a record of a fire drill simulating night time conditions and conducted with the night time staff within the timeframe agreed with the inspectors.

At the previous inspection, it was found that arrangements in place for the prevention of infection required review. First, the centre's own cleaning schedules were not maintained to demonstrate that the cleanliness of the physical environment was effectively managed on days that no household staff were on duty. Second, a risk assessment had not been completed in relation to an identified infection control hazard that considered the adequacy of the number and location of hand wash facilities in the centre. At this inspection, it was found that while improvement had been made, the failing had not been completed in full. There were still gaps in the cleaning schedule, although the daily cleaning schedules for toilet and bathroom facilities were being completed. A hand-wash basin had been installed in a bedroom following a risk assessment.

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:
Aspects of this outcome were inspected.

A number of arrangements were in place for safeguarding of residents. For example, all visitors were required to sign in and were supervised. Since the first inspection, 1:1 staffing was provided during key times (06:30-09:30 and 19:00-22:00) to eliminate the need for restrictive practices. This arrangement had been maintained and also provided for safeguarding of children in the dormitory area.
Training in relation to the protection of vulnerable adults and the management of behaviours that challenge had been completed for all staff. All staff on the rota had either commenced or completed training in relevant government guidance for the protection and welfare of children e.g. 'Children's First' training. While nursing students and volunteers had received training in the protection of vulnerable adults and had submitted a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, it was not evidenced that they had received training in relevant government guidance for the protection and welfare of children e.g. 'Children's First' training.

Inspectors observed that the playroom was adjoining but physically separated from the centre. The playroom was accessed via the main bedroom area, separated by a door and not visible from the remainder of the centre. Arrangements in place for supervision of children in this playroom required review. As mentioned in the previous paragraph, it was not evidenced that all personnel supervising this playroom had received training in relevant government guidance for the protection and welfare of children.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the previous inspection, it was found that improvements were required in relation to arrangements in place to access education, training, personal and skills development.

At the previous inspection, it was found that there was a draft policy on access to education, training and development for children which was undated. There was no evidence in the designated centre of an assessment process to establish each child's educational goals. Since the previous inspection, the provider nominee had requested an individual education plan from the school but this had not been facilitated. Further action was required to ensure that an assessment was in place for each child that included appropriate education attainment targets.

At the previous inspection, it was found that there was no assessment process in place to establish each adult resident's skills development or training goals and that not all residents were availing of a suitable day service that met their needs. At this inspection,
while efforts had been made to provide activities appropriate to individual residents including on a 1:1 basis where required, the finding in relation to the suitability of the day service was unchanged.

**Judgment:**
Non Compliant - Moderate

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
At the previous inspection, the Statement of Purpose contained most but not all of the information required by Schedule 1 of the Regulations. More specific information was required with respect to the following: criteria for admission of adults to the centre; the organisational structure of the designated centre; the full-time nature of nursing care provided in the centre; emergency admissions; arrangements made for dealing with reviews and development of a resident's personal plan and; the specific arrangements made for dealing with complaints.

At this inspection, while most of the outstanding areas had been addressed, some were not sufficiently clear including: that no further admissions of adults would be made to the centre; that no emergency admissions would be made to the centre and the full-time nature of nursing care provided in the centre was not clearly reflected. In addition, the floor plans contained in the Statement of Purpose did not reflect the current layout of the centre.

**Judgment:**
Substantially Compliant

**Outcome 14: Governance and Management**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Aspects of this outcome were assessed at this inspection.

A number of significant changes were evident since the previous inspection. For example, advocacy arrangements had been reviewed and the new arrangements now met the requirements of the Regulations. In addition, the person in charge had completed personal plans and communication booklets in an accessible format. Efforts had been made to increase the frequency and type of off-campus activities, particularly at weekends. Other areas that required improvement had been progressed, such as in relation to personal planning and all residents had had a MDT review in 2015.

However, a key failing cited in the notices of proposal to refuse and cancel the registration of this centre was that the service provided was not appropriate to the age and needs of residents in terms of privacy and dignity, risk and safeguarding of residents. The service was not specifically tailored towards either adults or children. Following the previous inspection, the provider's action plan response was that adult residents would no longer reside in this centre by the 2.12.2015. At the close of inspection, the provider nominee was asked for an update with respect to this timeframe. The provider nominee told inspectors that a meeting with the Health Service Executive to progress the move for adults from this centre was scheduled for 16.11.2015. A funded, costed and time bound plan has not been submitted to the Authority to address this failing. The provider has not demonstrated that this failing has been adequately progressed and the previously provided timeframe will not be met.

In addition, the floor plans submitted to the Authority as part of the registration process did not reflect the current layout of the centre.

**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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the previous inspection, it was found that a nurse was not present in the centre at all times. This failing had been satisfactorily addressed since the previous inspection.

At the previous inspection, it was found that not all mandatory training had been provided in accordance with the Regulations. At this inspection, mandatory training had either been provided or scheduled for all staff. Gaps in relation to training for students or volunteers who supervise children in relevant government guidance for the protection and welfare of children were previously discussed under Outcome 8 and in the associated action.

**Judgment:**
Compliant

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
At the previous inspection, it was found that a number of policies required development or improvement. The policy in relation to 'access to education, training and development' was not fully implemented. The management of anonymous concerns were not being addressed in a satisfactory way in the relevant policy. An infection control policy was required. There was a draft policy on access to education, training and development for children which was undated. A policy in relation to protected disclosure had commenced.

Since the previous inspection, most of the aforementioned policies had been finalised. The outstanding failing related to failure to ensure that anonymous concerns would be managed in a satisfactory way in the relevant safeguarding policy.

**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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003930</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 November 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 December 2015</td>
</tr>
</tbody>
</table>

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:

A named teacher had yet to be identified as part of the transition team for a child.

1. Action Required:
Under Regulation 13 (3) (c) you are required to: Provide each child with opportunities
Please state the actions you have taken or are planning to take:
The PIC has liaised with the school and the named teacher has been identified in the child’s transition plan.

**Proposed Timescale:** 09/12/2015

<table>
<thead>
<tr>
<th><strong>Outcome 02: Communication</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>A communication care plan had not been developed for one resident to ensure that the resident’s communication needs would continue to be supported in a consistent way by all staff and that communication goals could be monitored and tracked.</td>
</tr>
</tbody>
</table>

**2. Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take:
The communication care plan will be updated to ensure that all residents communication needs will be supported in a consistent way by all staff and all communication goals are monitored and tracked.

**Proposed Timescale:** 18/12/2015

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Individualised Supports and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>While the multi-disciplinary team had agreed to complete a full assessment of each adult residents’ needs in the centre, including their communication needs, the timeframe for completion of these assessments was not clear.</td>
</tr>
</tbody>
</table>

**3. Action Required:**
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
The time frame for each adults MDT assessment will be completed by 29/01/2016
### 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:
Further improvement was required to ensure that contracts were individualised and sufficiently clear.

4. **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:
Contracts have been amended to ensure that they are individual and clearly set out for each resident.

**Proposed Timescale:** 10/12/2015

### 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 centre did not meet the needs of all residents with regards to privacy and dignity, risk and safeguarding of residents. The age-mix of residents within the centre was unsuitable. Where additional space was required to meet individual resident’s needs, the centre did not provide such space. A costed, funded, time bound plan had not been submitted to the Authority to address this failing.

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

Please state the actions you have taken or are planning to take:
The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response.

**Proposed Timescale:**

**Theme:** Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The setting of goals required further review. For example, goals could be identified from documentation (such as discussions at personal planning meetings and in a speech and language therapy document) but they were not included as goals. At the previous inspection, it was found that the

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

Please state the actions you have taken or are planning to take:
A review of all residents’ goals will be completed by the PIC and their respective keyworker to ensure that all goals include recommendations made by MDT members.

Proposed Timescale: 29/01/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The monitoring and review of goals required further improvement, as outlined in the body of this report.

7. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
PCP training and the setting of goals has been finalized and training for staff in goal setting, monitoring and tracking will commence in January 2016.

Proposed Timescale: 15/01/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While the goals for children incorporated MDT recommendations, the goals were not always clear nor were the necessary supports to achieve certain goals specified. For example, goals included references to “objects of reference and sensory cues” and the need to “expand the skill of having (his/her) needs and desires met when indicated by early responses and reflexes”.

With respect to the adults, a multi-disciplinary review of the personal plan was to be
8. **Action Required:**
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

**Please state the actions you have taken or are planning to take:**
A review of all residents’ goals will be completed by the PIC and their respective keyworker to ensure that all goals include recommendations made by MDT members and supports required to achieve the goals set will be clearly documented. These goals will include any recommendations that arise from the MDT needs assessment due to be fully completed by 29/01/2016

**Proposed Timescale:** 12/02/2016

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A tracking form had been recently introduced to aid with monitoring of residents’ goals but the person in charge outlined that staff training was required to support the effective use of this tool.

While overall, care plans were very specific in terms of meeting residents’ healthcare needs, some gaps were found. For example, an end of life care plan did not reflect end of life care wishes that had been discussed nor did it specify clinical direction by the general practitioner (G.P.) in the event of sudden illness or deterioration.

9. **Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
PCP training and the setting of Goals has been finalized and training for staff in goal setting, monitoring and tracking will commence in January 2016. End of Life care plans will be fully completed to reflect the end of life care wishes and the advice of the relevant G.P. will be documented in the resident’s end of life care plan.

**Proposed Timescale:** 15/02/2016

**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 number and type of accessible baths and showers were not sufficient to meet the needs of residents in this centre.

10. **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:**
The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response.

**Proposed Timescale:**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the centre did not meet the needs of all residents. The design and layout of the dormitory-style bedroom compromised residents' privacy and dignity. Natural light was limited in the bedroom accommodation for five residents. The TV room was also an office space and the entrance area, which detracted from a homely environment. Due to behaviours that challenge of a resident in a nearby centre, there were times during the day when the blinds in the centre had to be closed and doors locked from the inside.

11. **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:**
The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response.

**Proposed Timescale:**

**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:
Gaps remained in the cleaning schedule, although the daily cleaning schedules for toilet and bathroom facilities were being completed.
12. **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:**
The PIC has met all staff concerned and ensured that all cleaning logs are completed.

### Proposed Timescale: 09/12/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The means of escape from the centre was not adequate in the following respects:

- Escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire.
- While not noted as being locked, some doors on escape routes were noted as being provided with key operated locks that could potentially prevent escape in a timely fashion in the event of a fire, including some instances where the doors have subsequently been provided with magnetic locks making the existing key lock provided unnecessary.
- The layout of the centre did provide sufficient means of escape from five bedrooms due to the sole escape route from same being through another room

13. **Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response.

### Proposed Timescale:

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, the centre was not constructed in a manner capable of containing fire and preventing the spread of fire and smoke throughout the building in the event of a fire.
14. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response.

**Proposed Timescale:**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors identified an example of inadequate precautions against the risk of fire where oxygen equipment and also an additional oxygen cylinder were stored in a room providing the sole escaped route for up to five residents.

15. **Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
On the day of inspection, the oxygen cylinder was moved and is now stored in an alternative location.

**Proposed Timescale:** 06/11/2015

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While there was a fire action plan in place and this was displayed in a prominent location with the centre, upon speaking to staff, an arrangement where evacuation was prioritised within the areas local to the fire in the initial stages was described to inspectors. However, this arrangement did not appear to be reflected in the fire procedure and fire action plan viewed by inspectors.

16. **Action Required:**
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

**Please state the actions you have taken or are planning to take:**
The fire evacuation form now includes a description where the fire evacuation is prioritized for the residents.

**Proposed Timescale:** 09/12/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Inspectors were not assured that the centre could be evacuated in a timely fashion in the event of a fire at night within the centre from speaking to staff and examination of fire drill records.

17. **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:  
A night time fire drill was completed on 11/11/2015 and the residents in the centre were safely evacuated in a timely manner.

**Proposed Timescale:** 11/11/2015

**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:  
Not all personnel who supervised children had received training in relevant government guidance for the protection and welfare of children. In addition, arrangements in place for supervision of children in the playroom required review.

18. **Action Required:**  
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

Please state the actions you have taken or are planning to take:  
Appropriate safeguarding measures to protect the children are in place. The staff outstanding for the training will receive training in relevant government guidance for the protection and welfare of children. A review of the supervision of children in the playroom has been completed by the PIC and a system to ensure that all children are safeguarded whilst in the playroom is in place.
**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all residents were availing of a suitable day service that met their needs.

19. **Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
A review of the provision of day services to meet the assessed needs of the adults will be completed by the MDT on 27/01/2016. In the interim a review will also be held with staff in the centre to ensure that a structured programme is in place based on previous MDT assessment. When the full review has been completed by the MDT, suitable day services will be provided.

**Proposed Timescale:** 02/02/2016

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Further action was required to ensure that an assessment was in place for each child that included appropriate education attainment targets.

20. **Action Required:**
Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

**Please state the actions you have taken or are planning to take:**
The Provider Nominee has discussed the issue with the School principal where the children attend to seek their educational goals. The principal has agreed to forward the individual child’s goals based on the individual educational assessment. The Provider Nominee/PIC has also liaised with the children’s intervention team and sought consent for the MDT recommendations for each child’s education assessment and plan. The educational assessment and goals for each child will be available in each child’s care plan by 29/01/2016.

**Proposed Timescale:** 29/01/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management
## The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose contained most but not all of the information required by Schedule 1 of the Regulations. More specific information was required with respect to the following: that no further admissions of adults would be made to the centre; that no emergency admissions would be made to the centre and the full-time nature of nursing care provided in the centre was not clearly reflected.

### 21. 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:**
The statement of purpose will be amended to reflect all information required under schedule 1 of the regulations and will be submitted to the Authority.

**Proposed Timescale:** 18/12/2015

**Theme:** Leadership, Governance and Management

## The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The floor plans contained in the Statement of Purpose did not reflect the current layout of the centre.

### 22. Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
The floor plans have been revised and these will be included in the amended statement of purpose which will be submitted to the Authority by 18/12/2015.

**Proposed Timescale:** 15/01/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

The floor plans submitted to the Authority as part of the registration process did not reflect the current layout of the centre.
23. **Action Required:**
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013, you are required to:
Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The floor plans have been revised and these will be included in the amended statement of purpose which will be submitted to the Authority by 18/12/2015.

**Proposed Timescale:** 15/01/2016

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider has failed to act in a proactive manner in ensuring that the service provided was appropriate to the age and needs of residents in terms of privacy and dignity, risk and safeguarding of residents. The service was not specifically tailored towards either adults or children. A funded, costed and time bound plan has not been submitted to the Authority to address this failing.

24. **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:**
The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response.

**Proposed Timescale:**

**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 safeguarding policy did not include the need to ensure that anonymous concerns would be managed in a satisfactory way.

25. **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:
The Service User Protection and Welfare Policy is under revision against HSE National Policy. It is with the service CEO for signing off and will be circulated to the centre by 15/01/2016.

Proposed Timescale: 15/01/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all records in relation to each resident as specified in Schedule 3 were maintain, and made available for inspection by the chief inspector in the designated centre.
Documentation pertaining to placement reviews were not in residents files.

26.  Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
The outstanding policy specified in Schedule 3 is being reviewed and will be completed by 29/01/2016. Documentation relating to residents’ placement reviews will be filed in each resident’s file.

Proposed Timescale: 29/01/2016