<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stewarts Care Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003902</td>
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<td>Centre county:</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Stewarts Care Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Gerry Mulholland</td>
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<tr>
<td>Lead inspector:</td>
<td>Valerie McLoughlin</td>
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<tr>
<td>Support inspector(s):</td>
<td>Caroline Vahey; Helen Lindsey;</td>
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<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>31</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 15 October 2015 09:50
To: 15 October 2015 15:30

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

| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 13: Statement of Purpose |
| Outcome 15: Absence of the person in charge |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

This was the third inspection of this centre which forms part of Stewarts Care Ltd. The centre was part of an entire campus monitoring inspection in February 2014 and a registration inspection in October 2014. Following the inspection in February 2014 the campus, referred to as the “residential service” had been reconfigured into eight separate centres for the purpose of registration. Six of these centres are campus based and two are community based.

The provider nominee has long term plans in place to provide community living accommodation for all of the residents currently residing on the campus. In keeping with this plan vacancies that have arisen since the registration inspection had not been filled. Further admissions to the centre will take place only where the needs of residents currently in community services change to the degree that they require additional nursing care which is available on the campus.

This inspection was unannounced and took place over one day. The purpose of this inspection was to follow up on the actions of the registration inspection. This centre is designed to provide long term care for 32 adult residents with moderate to severe intellectual disabilities and age related health care needs.

As part of this follow up inspection the inspectors met with residents and staff.
members and observed practices and reviewed documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

There was a committed staff team in place who worked hard to meet residents' needs. Staff had received training and were knowledgeable about detecting and responding to abuse and other relevant areas. Staff knew the residents well and were knowledgeable of their needs.

The provider and person in charge promoted the safety of residents. Good practice was found in safeguarding residents and in ensuring all of the policies were in place as required by the regulations. Residents knew the management team on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

Overall, inspectors found that the provider nominee had made progress in meeting the actions of the previous inspection with some areas for further improvements, such as risk management, including appropriate use of fire doors and in provision of an adequate number and skill mix of staff to consistently meet the social needs of residents. Staffing at night in one unit also required review to ensure the safety of residents' needs in terms of fire evacuation.

Areas of non compliance are included in the action plan at the end of the report.
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:
Each resident had a personal plan based on their assessed health, personal and social care needs and supports identified to meet these needs. Personal plans were maintained on a computerised system and a sample of these plans were reviewed by the inspectors.

There was evidence of multidisciplinary input such as physiotherapy, speech and language therapist (for those with swallowing problems), psychologist and clinical nurse specialist in dementia (external). Recommendations from multidisciplinary team members were implemented as evidenced in action plans such as behaviour support plans, dysphagia plans and dementia care plans.

Reviews of personal plans took place on a quarterly basis and the person in charge on the day of inspection showed inspectors a schedule of review dates for each resident's personal plan.

There was evidence that families were kept informed of residents personal plans and goals. The inspector reviewed records of family contact maintained within residents personal plan, whereby families were kept up to date on changes to residents' needs and action plans. One resident had moved into the centre within the last year and family members had been contacted in relation to this transfer.

Health care plans / goals were fully implemented, however improvements were required in the implementation of social care plans/ goals across the centre.
There was evidence in one of the units that social care goals for residents were implemented, for example, one resident attended a day service outside of the main campus, went swimming and to the gym within the centre and accesses community facilities such as the cinema, library and restaurants. However in another unit in the centre, one resident had a social goal in relation to pet therapy. This goal had only been actioned on two occasions, with the last action having taken place in September 2014. In addition this resident had a social care goal to receive the eucharist, however this had only been actioned on three occasions with the last action having taken place in October 2014. The inspectors reviewed recording documents for social care goals and while there were some use of facilities within the local community, the majority of activities within this unit were campus based such as walks or massages. The residents within this unit did not have access to a day service.

The inspectors spoke to the person in charge who identified that residents have access to two buses for community outings / activities, however this resource is shared amongst 22 units on the campus. The inspectors also spoke to staff, who confirmed that activities for residents can be affected by staff shortages. This is further actioned in Outcome 17.

Personal plans in one unit were available in picture format and stored in a cabinet in the day-room. However the person in charge on the day of inspection felt the residents did not understand the plans in this format. The person in charge outlined that all residents in the unit had been referred to speech and language therapist for assessment of communication needs, however to date speech and language communication assessments have not taken place.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Inspectors found that there were comprehensive systems in place in relation to promoting the health and safety of residents, staff and visitors. There was a centre-specific risk management policy which addressed all the risks specified in the regulations. This included the procedures in place for the identification and management of risk, including the process of learning from incidents and accidents. The risk management policy was supported by relevant policies including an emergency response
plan and a missing person policy. However, the risk management policy had not been fully implemented, as all of the control measures outlined in the environmental risk assessment had not been monitored, which could place residents and visitors at risk.

There was an up to date safety statement in place and it related to the health and safety of residents, staff and visitors. There was a safety officer in employment and a health and safety audit review had been completed 10 October 2015, regarding fire safety and manual handling practices for example.

There was a environmental risk assessment in place and it included all of the risks and control measures to mitigate the risk of future occurrences. These included risks associated with use of the stairs and slips, trips and falls, for example. Control measures to mitigate the risks included good housekeeping practice and ensuring residents were wearing appropriate footwear. The inspector found that staff were familiar with these control measures and they were implemented.

There was evidence of some quality improvement measures being put in place since the previous inspection to minimise the potential risk of harm to residents. For example on the previous inspection a number of risk factors were noted in access to boiler rooms with electrical wires and chemicals not securely stored to prevent accidents to residents. Inspectors found that the boiler room was locked on the day of inspection. However, that while control measures had been recorded in the risk register to store chemicals safely this had not been implemented. Inspectors found that cleaning chemicals were not stored safely in all of the houses. Cleaning chemicals were accessible to residents and visitors in two of the houses which could be a potential hazard to residents and visitors. While a stock of chemicals such as floor cleaning fluid were stored in a locked facility in one of the houses, some cleaning chemicals were stored in an unlocked cupboard in the kitchen. All of the cleaning materials in the second house were stored on a shelf next to the washing machine and were accessible to residents and visitors. Cleaning chemicals were also stored in an unlocked cupboard in the kitchen. Therefore this part of the action plan had not been addressed.

Arrangements were in place for investigating and learning from incidents. Incidents and accidents were reviewed regularly by the quality and safety committee to identify trends, for example contributing factors such as staffing and or environmental factors, such as trailing wires.

Inspectors reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. All residents had an individual evacuation plan developed. However, inspectors were not assured that the staffing levels at night were adequate to meet the needs of residents in this unit. There was only one nurse and one care staff member on night to cover both floors and the dependency of residents on the ground floor was high. This issues is actioned under outcome 17, Workforce.

Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. Staff spoken to knew what to do in the event of a fire and regular fire drills including mock evacuations were carried out by staff at suitable intervals as defined by the regulations. Staff in one
of the houses were scheduled to attend a mock evacuation the end of October 2015.

There were some areas for improvement in fire safety management. Evacuation plans had been compiled for each resident detailing the staff support required. Staff were able to articulate the procedures to undertake in the event of fire and how the compartments and systems would work. Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection.

There were no residents smoking, however there systems and procedures in place to ensure residents safety should residents wish to smoke.

Some actions from the previous inspection had been implemented. Inspectors found that the dividing compartment door between the floors in one of the two story units no longer wedged open. The door was now connected to a self-closing magnet. Therefore this aspect of the action plan had been met. However inspectors found that the fire door to the bedroom area was held open by a latch and the fire door to the sitting room was wedged open. This negated the safety value of the fire doors and was a potential risk for residents. The nurse in charge explained that these doors and the dividing compartment door between the floors continued to be left open at night so that the nurse on duty could monitor the residents on both floors. She also said that these doors were too heavy for residents for the residents to open, and that they had become accustomed to the ease of access to their bedrooms and to the sitting room. The person in charge and the provider nominee explained that they had sent a request to technical services for a self-closing magnet to be installed on both doors.

Inspectors found that all staff had received manual handling training. This had been a requirement from the previous inspection. Therefore this aspect of the action plan had been met. Residents had risk assessments in place to guide staff in safe manual handling practices. Safe manual handling practices were observed by inspectors, for example in providing appropriate assistance to residents transferring into and out of their chairs.

Inspectors found that a resident in one of the two story units had been assessed since the previous inspection to determine the suitability of the stairs for his use, and if any additional supports were required to ensure his safety when using them. The resident had been assessed by the physiotherapist and a plan of care was in place for the resident accessing the stairs. The nurse in charge said that follow up reviews are scheduled to ensure his continued safety accessing the stairs. Inspectors observed the resident walking up and down the stairs safely, under staff supervision.

Inspectors found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control. Staff had access to a plentiful supply of gloves, disposable aprons and alcohol hand gels, all of which were available discretely throughout the centre. Inspectors observed staff cleaning their hands appropriately.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There were systems in place to safeguard residents and protect them from the risk of abuse. There were also policies and procedures in place to safeguard residents who were identified as needing positive behaviour support and restrictive practice.

There was a policy and procedure on the prevention, detection and response to abuse for adults, it had been reviewed since the previous inspection to align with the current National Health Service Executive (HSE) policy on protection.

Staff members had all received training in safeguarding. Staff spoken with were knowledgeable in relation to the prevention, detection and management of an allegation of abuse. Where inspectors posed scenarios the staff gave examples that matched with the organisations procedures.

The person in charge was clear of their role in any safeguarding response and very clear around the process of managing an allegation of abuse and its investigation. There was evidence that allegations of abuse were appropriately investigated, and appropriate action was taken in a timely way to maintain the safety of all residents.

The policy on positive behaviour support, and restrictive practice were seen at the last inspection, and gave clear instruction on the procedures to be followed in the centre to support residents. The definition of restrictive practice had been updated and shared with the staff team.

Inspectors reviewed the process in place to agree any restrictions that were needed to support residents. Each restriction, for example use of bed rails or lap belts on wheel chairs for safety, was discussed at the restrictive practice committee and approved, with a review date. Each resident had a prescription record that set out the detail of what was agreed, and the review date. This was supported by an individual risk assessment for the individual resident setting out the risk, the action taken to reduce the risk, and the effectiveness this. Evidence showed that in most cases this was regularly reviewed.
Two examples were seen where restrictions had been removed as alternative measures had been found to be effective. There was also a system in place to ensure any prescribed chemical restrain was not overused, inspectors saw examples of residents medicine record sheets that showed that there were clear instructions when the medication should be used, but incidents of its use were low.

Where residents had known responsive or challenging behaviour there were very detailed behaviour support plans that were written in a way that made the information easy to access. They included information on the reason the resident may become anxious or engage in a particular behaviour, interactions to reduce the behaviour, re-establishing communication after an incident and how to review.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
There is a written statement of purpose that accurately describes the service that is 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. The statement of purpose sets out a statement of the aims, objectives and ethos of the designated centre. It also states the facilities and services which are to be provided for residents. It contains all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

The provider nominee had provided the Authority an updated statement of purpose to reflect changes to the management structure, for example the recruitment of the new provider nominee in 2014. The statement of purpose is available in a format that is accessible to residents and their representatives.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The permanent person in charge was appointed to the post in May 2015. There had been no periods of leave which required notification to the Authority other than normal annual leave periods. The person in charge was supported in her role by the deputy person in charge who is an experienced nurse with appropriate experience and qualifications. Inspectors were satisfied with the deputizing arrangements in place.

Judgment:
Compliant

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

Findings:
Inspectors found there were thorough recruitment procedures in place and staff were provided with up-to-date mandatory training. However, in some parts of the designated centre there were not enough staff available to consistently meet the identified needs and goals of residents.

Training records were held centrally, and these were reviewed by inspectors. The records confirmed all staff had completed up-to-date training in fire safety, safeguarding and safety and manual handling. Staff had completed other training relevant to their role, and a number of the courses focused on ensuring positive outcomes for residents. For example key worker training, communication with people who have an intellectual disability, and fostering a healthy lifestyle.

Staff files were reviewed and met the requirements of Schedule 2 of the Regulations. This included up to date evidence of nurse registrations with the appropriate board.

The person in charge had ensured that staff were aware of the regulations and copies of the regulations and standards were provided in the designated centre for the the staff and residents.

Staff were aware of the outcomes of previous inspections carried out and knew what improvements had been needed in order to better meet the needs of the residents.

There were appropriate arrangements in place to ensure that staff were supervised on an ongoing basis. A sample of performance reviews for staff were read by inspectors, and they showed that staff were supported to make suggestions for improvements, such as specific training linked to the residents' needs.

In two of the units the staffing levels were seen to meet the needs of residents. However in the other two units, it was noted that the staffing and skill mix were having an impact of the quality of life for the residents. In one unit there was one vacant post. Examples were seen where some of the vacant shifts had been covered with regular agency staff. However three or four days a week the unit was operating with one less staff member than had been identified as the level of staffing required to meet the residents' needs. This impacted on the residents as staff were not able to focus as much on social activity. For example they were not able to go out with some of the residents if the vacant shift was not covered, as residents staying in the unit would need the support of at least two staff.
In another house the activities staff member was on scheduled leave since November 2014 and had not been replaced. It was evident that staff were diligent and worked hard to ensure that residents had an opportunity to go out socially with staff support and participate in some in-house activities such as house parties and watching national football games on TV. The person in charge explained that they have a support staff member one evening per week to provide complimentary therapies for three residents. However, inspectors observed that the dependency needs of residents was high and this was confirmed by staff on duty. There was only one nurse on duty to administer medications to residents on two floors, complete paperwork, direct care and supervise staff and residents. Inspectors also questioned what assurance the provider had that the staffing levels at night were adequate to meet the needs of residents in this unit. Please see outcome 7 for evidence on the fire safety arrangements.

In another unit, the skill mix had an impact on when residents received care. As mentioned under outcome 7 some of the fire doors were wedged open so residents could call out to staff if they or another resident required attention while the nurse was administering medication on a different floor in the centre.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The only aspect of this outcome examined by inspectors was the documentation relating to guidance for the use of emergency seizure medication. There were clear protocols in place for the administration of the medication, and staff spoken with were clear of the actions they needed to take were a resident require the medication.

Judgment:
Compliant

**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:*

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

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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 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Social care plans for residents were not consistently implemented.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Social care plans will be audited by the person in charge to ensure review and implementation and actioned by the line managers. Each service users Plan will be developed in line with their PATH (Planning alternative tomorrows with Hope) This plan will be regularly reviewed.

**Proposed Timescale:** 29/02/2016  
**Theme:** Effective Services

The **Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans are not made available in an accessible format for all residents, taking into account their communication needs and abilities.

2. **Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
Communication plans in an accessible format are currently being developed for all residents in the centre. The organisation PATH development process is currently being undertaken in the centre, which allows the service user to develop their goals in an accessible format as part of their personal support plan.

**Proposed Timescale:** 30/04/2016

**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:**
Chemical were not stored safely in all of the houses. Chemicals were accessible to residents and visitors, which could be a potential hazard

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

Please state the actions you have taken or are planning to take:
A review was undertaken in relation to storage of chemicals in line with each areas environmental risk assessment. Areas of unsafe storage have been resolved. Compliance in this area will be closely monitored by person in charge.
### Proposed Timescale: 08/12/2015

**Theme:** Effective Services

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

In one of the houses the fire door to the bedroom area was held open by a latch and the fire door to the sitting room was wedged open. There was no self-closing magnet on either of these fire doors.

**4. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The staff have been told not to wedge this door open by the latch. This latch will be removed by the Technical Services Department as requested by the person in charge.

The fire wedges are not in use. This will be monitored by person in charge to ensure compliance.

A costing and business plan was submitted to the HSE for the provision of self-closing magnetic restrictors on all fire doors across the Designated centres. Awaiting approval of same.

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### Proposed Timescale: 30/06/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staffing and skill mix in two of the units was not consistently adequate to meet residents’ assessed needs and to ensure the safety of residents as discussed in the report.

**5. Action Required:**

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

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

There is an active recruitment process ongoing in the Organisation which aims to ensure the skill mix and number of staff required in each area is achieved. This will be in line with the dependency assessments for service user and assessed requirements in each living area. There is ongoing management of absenteeism to promote adequate
staffing levels.

| Proposed Timescale: | 01/03/2016 |