

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002495
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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 compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
05 February 2015 12:30	05 February 2015 15:00
05 November 2015 16:00	05 November 2015 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This report reflects the findings of two monitoring inspections of this centre. The first inspection was conducted on 5 February 2015 and the second on 5 November 2015. When the first inspection was conducted the centre was part of a large designated centre that encompassed six facilities in South Donegal. The arrangement was revised during 2015 as all the houses in the original group did not provide similar services and this house was established as a separate designated centre. This report reflects the findings of both inspections. The purpose of the inspection was to assess that the service was compliant with relevant legislation, national standards and good practice and that the service provided was in accordance with the service users' assessed needs and preferences. The inspector based the judgments made on quality of life, health care, staff arrangements and health and safety on discussions with the person in charge, residents and staff, observations of the delivery of care and a review of documentation such as personal care plans, staff duty rotas and health and safety monitoring records.

This service is one of five residential services located in the south Donegal area.

Accommodation and support services are provided over the seven day week for five adults with mild Intellectual Disability who have low support needs. Two residents live in the house on a continuing basis and view it as their home. The remaining three residents have a shared care arrangement and divide their time between their homes and the centre.

The house is owned by a local disability association which provides accommodation and services to people with a learning disability living in the Donegal area. The house was in good decorative condition and offered a comfortable homely environment for residents. Residents had been able to personalise their bedrooms and had varied personal effects such as photographs, pictures and ornaments on display.

The inspector talked with two residents who lived in the house long term and to the staff on duty. The arrangements for the delivery of care including social, day care and work opportunities were discussed. Residents said they enjoyed their lifestyles, had plenty to do and enjoyed the contribution they made at their places of work. Three residents had regular part time jobs. Staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how individual life style choices were accommodated and how residents were enabled and facilitated to use local community facilities for leisure and holidays, to attend day care services and take on work roles.

Areas of non-compliance related to the need for training for care staff on medication administration, the provision of emergency lighting and the absence of a system for unannounced visits to the service on behalf of the provider as described in regulation 23 (2) governance and Management. These and other findings are discussed in more detail in the report and the action plan describes where improvements are required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) regulations 2013.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The Inspector found that residents were consulted about their daily routines and could exercise freedom of choice about how they spent their time. The activities and routines reflected residents' abilities, choices and lifestyles and there was adequate staff available to support residents to go out during the evenings and at weekends.

There was good emphasis on promoting privacy and dignity. Each resident had their own room and the inspector saw that rooms were personalised with photographs, ornaments and other items that reflected residents' personal taste, hobbies and interests. There was good emphasis on ensuring that residents contributed to decisions about arrangements in the house and examples of this were reflected in residents meetings and in the way the household was arranged. Residents said their requests/choices for particular foods, trips or social events were facilitated as much as possible. The personal records viewed conveyed that consultation with residents was part of day to day life.

There was a complaints policy available to residents. It described the Executive's arrangements for managing complaints and outlined how and to whom a complaint should be made. Residents said they would tell staff in the house or in their day care service if they had a concern.

Staff could describe the arrangements in place to ensure residents' finances were safeguarded. The inspector reviewed the arrangements for the management of residents' finances including the payments for rent and the security of monies held on behalf of residents. An allowance was provided to each house on a weekly basis for

grocery shopping and general miscellaneous items and included an allowance for staff meals when eating out with residents. Receipts were retained for all items purchased and for meals. Residents were always present when staff accessed their money and were requested to sign their financial transactions to verify balances were correct.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

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

Findings:
Residents were supported to develop and maintain positive personal relationships with their family members and to develop links with the wider community. Residents had families who were actively involved in their care and there was active support from staff so that visits home or to the house took place as often as residents' wished. Families were encouraged to participate in the lives of the residents, and the inspector saw that they were regularly consulted and kept up to date. Personal plans reflected the relationships residents maintained and the supports in place to facilitate and enhance this process. Photographs of family members and varied family events and social occasions were displayed in bedrooms.

Residents were supported to attend and to have active roles in local community events. They used a range of community facilities such as swimming pools and churches. They went out for meals to local restaurants, went to concerts, discos and bowling. Promoting positive links with the local community for residents was a priority for staff that they had gradually established over the years and had achieved successfully.

Judgment:
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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed a sample of personal plans and confirmed that each resident had a personal plan that described their specific support needs and personal goals. An assessment that described social, emotional and health needs was available for each resident. The assessments outlined residents' abilities in relation to activities of daily living, such as dressing, cooking and personal care. From these assessments there were plans developed which outlined support needs and the actions/interventions to be put in place to maximise independence and help residents achieve their goals and participate as fully as possible in the activities of daily living and in the community. There were aspects of behaviour that required minor management intervention outlined in personal plans and the ways behaviour patterns were addressed were described to ensure good outcomes for residents.

The inspector found that staff used their knowledge and expertise to good effect in how they assessed residents and encouraged and supported their independence. Goals were noted to be realistic and addressed the development of skills, wishes to remain in employment and more personal wishes that related to sustaining and developing relationships including family relationships. A system was in place to review personal plans and families and significant others were invited to review meetings and their contributions were included where relevant. Some residents' personal plans were reviewed in their day care placement as this setting was seen as the focus for coordinating their care and staff from the centre attended these reviews.

The inspector saw that the goals identified for residents for the previous year had been reviewed and most had been realised. For example, residents had attended social activities regularly and some had been on holiday abroad which had been planned. Personal plans indicated residents' abilities and strengths such as ability to use equipment such as the washing machine and the Hoover. There was a strong emphasis on encouraging residents to be as independent as possible and staff had recorded information that showed what residents could do independently in relation to personal care and leisure and social activity.

Personal plans were available in an accessible format and included information on personal relationships, significant people in the residents' life and their choices and preferences. The documents were noted to be attractively organised and information was easy to access.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The house was comfortable, appropriately heated and generally decorated to a good standard with many home type features and residents' personal effects in evidence. Residents bedrooms and the communal spaces were well personalised with fixtures and fittings of their own choosing and framed photographs of residents attending varied in-house, community and family events on display.

There are six bedrooms in the house. Each resident had their own bedroom and there was a bedroom/office space for staff. All bedrooms had a wash hand basin and there were two bathrooms for residents' use. Both had accessible floor level showers and toilets were fitted with handrails on both sides to support residents with mobility problems. One bathroom was noted to be excessively cold. This room was located at the far end of the house. This was evident during both inspection visits however the heating was not on in this room at the time and staff said they ensure it is adequately heated before residents use it.

The design and layout of the premises ensured residents had adequate private and communal space. The kitchen/dining area had appropriate space for residents to sit at the table in comfort and there was ample space for preparing food and food storage.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that there was proactive response to the management of risk while maintaining residents' independence. There was a risk management policy in place and a risk register was maintained and actions were identified to minimise hazards. A pictorial version was on display to assist residents understand the need for caution when some tasks were undertaken.

Residents in this house are mainly supported by care staff with a nurse from another designated centre in the area working in the centre to provide guidance and supervision once a week. There was a process in place in the event of an emergency or untoward event. Relocation arrangements were identified and the inspector was told that residents would be moved on a temporary basis to the nearby designated centre that is also operated by the Health Service Executive if it was necessary to evacuate the building.

A risk register was maintained and hazards identified as posing a general risk or a risk to residents were identified in their personal plan with appropriate controls to minimise the risk of harm or injury. The general risks identified included the management of hazardous substances, food hygiene and infection control. The resident associated risks included the management of epilepsy, dietary problems, road safety and recurring illness. The nurse who supported the service was the link nurse for infection control management and provided training for staff at regular intervals. There was a detailed infection control policy and practices were appropriate to the needs of the residents. A rolling program of hand hygiene training was in place. Chemicals were stored securely in the interest of safety.

Fire safety equipment including a fire alarm, fire fighting equipment and smoke detectors were provided. These were serviced quarterly and annually as required. The inspector reviewed the fire safety register and training records. A roll call is completed each day and there were regular checks of the fire alarm, fire doors and fire exits to ensure that they were fully operational and not obstructed. Fire equipment was routinely checked to ensure it was in place and intact. The inspector noted that while there was one emergency light located centrally in the hallway which would guide the occupants should they need to leave through the front door however there was also an exit through the kitchen and utility area and there was a deficit in the provision of lighting in this area.

Staff training records confirmed attendance at fire training during October 2015 and there were regular fire drills undertaken with residents to ensure they would respond to the fire alarm when activated. All residents were fully mobile and could leave the building independently.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,

understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

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

Findings:

The inspector viewed policies and procedures for the prevention, detection and response to allegations of adult abuse including the HSE national policies "Trust in Care" and "Safeguarding Vulnerable persons at Risk of Abuse". There were procedural guidelines on the provision of personal and intimate care to residents. The delivery of personal care was identified in personal care plans and they provided specific information to guide practice.

The inspector was told that the safeguarding of residents was enhanced by the small number of residents living in the house and the continuity of staff; both residents and staff were well known to each other and residents confirmed that if they had concerns they would tell staff in the house or in their day care services. Other factors which support the protection of residents included access to a relevant advocacy service which was used by one resident and the residents' regular meetings. Information on the National Advocacy Service was displayed in pictorial format. Residents told the inspector that they felt safe and spoke positively about the support and consideration they received from staff. Interactions between residents and staff as observed by the inspector were respectful, good humoured and fully engaged.

Staff that the inspector talked to were familiar with the adult protection procedures and could confirm their understanding of the indicators of abuse, how to protect vulnerable adults and knew how to report a concern. The area manager provides the training on adult protection and records confirmed that staff had training on this topic and Trust in Care.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

Findings:

Residents were supported on an individual basis to achieve good health through care planning, accessing health professionals and monitoring of residents individual health care needs. All residents were in good health according to staff. Residents present during the inspection said they attended medical appointments as required and said that staff accompanied them at their request.

Residents had access to their own doctors and had regular reviews by allied health professionals such as dentists, dental hygienists, dieticians, chiropodists and opticians as required. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations into practice.

There was evidence of advance planning in relation to residents' changing needs. Nursing staff were alert to changes in behaviours that might indicate the development of dementia type symptoms and screening was completed where necessary. Training on dementia in intellectual disability had been provided by the local nursing development unit. The inspector found that there was a high level of awareness of the implications of such changes and what this could mean for care practice.

Staff that the inspector talked to said that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu accordingly. Residents assisted staff with the weekly shopping and the menu was discussed during house meetings. The inspector saw an evening meal being prepared when residents returned from day services and before residents left for their swimming class. The fridge was well stocked with a variety of food. Residents said they had a good variety of meals and enjoyed meal times.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework.

Medicines were stored safely and securely in a designated cupboard. Medication is

supplied by the pharmacy in blister packs. Medication is checked when delivered and when taken in from home by residents who live in the centre part time. Care staff administer medication and the system is checked regularly by the nurse on the days she is in the centre. While training had been provided on how to administer emergency medication in the event of seizure activity staff did not have any formal training or competency assessment to determine that they were competent to administer medication. The inspector was told that training for carers was planned.

PRN (as required) medication was regularly reviewed and if administered there was an explanation recorded indicating why it had been necessary. Two residents are on regular medication and other resident's who use the service are currently on no medication.

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):

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

Findings:

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided. The statement of purpose available required minor review to ensure more clarity in certain aspects of the centre. The areas requiring review or amendment included;

- A description either in narrative form or a floor plan of all the rooms in the house including their size in metres square and primary function was not included
- Details of the admission procedures were outlined however, the information did not clarify if the service accepts emergency admissions
- The details of the person in charge required updating.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure

that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The aim of the most recent inspection day conducted in November was to review the person in charge arrangements as the previous post holder had moved to another role. The nurse appointed to be person in charge was experienced, qualified and was familiar with the regulations and Authority's standards. She was engaged with the governance, operational management and administration of the designated centre. She also had responsibility for another designated centre a few miles away. She was supported in her role in relation to this house by a clinical nurse manager who worked in the centre for eight hours a week and who supervised medication arrangements and health care needs.

There were clear lines of authority and accountability present. The person in charge reported to the area manager for disability services and there was an established system for staff in the centre to access advice and guidance.

The inspector noted that monitoring systems require further development by the provider to ensure that the requirements of regulation 23 were met. There was no arrangement as yet for the six month unannounced inspections to the service on behalf of the provider and an annual review of the quality and safety of care had not been completed. The system for these reviews requires consultation with the residents and reports of the periodic inspections and the annual report should be made available to residents and to the Chief Inspector if requested.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that the numbers and skill mix of staff were satisfactory to meet the needs of current residents. The inspector reviewed the staffing rota. There was a carer on duty at all times when residents were in the house. Carers started duty at 16.30 hours, completed a sleepover duty from 23.30 until 07.30 and then went off duty when residents had left for their day care services. The carers had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002495
Date of Inspection:	05 February 2015
Date of response:	18 December 2015

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 06: Safe and suitable premises

Theme: Effective Services

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

One bathroom was noted to be cold and not suitable/available for residents to use at all times.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

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

(Matters to be Provided for in Premises of Designated Centre) are met.

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

1) Work with housing group to ensure regulations are met.

Proposed Timescale: 29/02/2016

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:

The provision of emergency lighting required review as there was no lighting to indicate one fire exit through the utility room.

2. 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:

1) Work with housing group to ensure regulations are met.

Proposed Timescale: 29/02/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Health care staff who had responsibility for administering medication did not have training on this or have completed a competency assessment on practice.

3. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Training on medication management will be provided for Health Care Staff.

Proposed Timescale: 31/03/2016

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 following aspects of the statement of purpose required review:

- A description either in narrative form or a floor plan of all the rooms in the house including their size in metres square and primary function was not included
- Details of the admission procedures were outlined however, the information did not clarify if the service accepts emergency admissions
- The details of the person in charge required updating.

4. 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:

1)Statement of Purpose will be amended as to be compliant with the regulations.

2)Floor plans have been submitted to HIQA.

Proposed Timescale: 31/01/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There were no arrangements in place to review annually the quality and safety of care .

5. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

1)An annual review of the quality and safety of care and support will be completed.

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

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

There were no arrangements in place to undertake the six monthly unannounced visits on behalf of the provider.

6. Action Required:

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

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

1) Unannounced Inspections will be completed bi-annually and a written report completed following same.

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

No unannounced visit reports were available.

7. Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

Reports on unannounced visits will be made available for residents, their representatives and the chief inspector.

Proposed Timescale: 30/04/2016