<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Walk B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003404</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 12</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Walkinstown Association For People With An Intellectual Disability</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eamonn Teague</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conan O'Hara</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Karina O'Sullivan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 03 August 2016 09:00 03 August 2016 19:00
04 August 2016 09:00 04 August 2016 20:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

Summary of findings from this inspection
Background to the inspection
This was the third inspection of this designated centre. The purpose of this unannounced inspection was to follow up on actions from the previous inspection and to inform a registration decision.

Description of the Service:
This designated centre is operated by Walkinstown Association for People with an Intellectual Disability. The designated centre comprised of three houses and was based in Dublin 24 and Dublin 8. The centre provides care to both male and female residents who have an intellectual disability. One house was home to three residents, the second house was home to two residents and the third house was home to one resident and had a vacancy. The designated centre provided services underpinned by the aim of providing supports which facilitate a self-determined, socially inclusive life as specified within the statement of purpose.

How we gathered our evidence:
The inspection was carried out over two days. A second inspector joined this inspection on day two of the inspection. Over the course of this inspection all
Residents were met by inspectors with the exception of one resident who was out on the days of the inspection. Inspectors visited the three houses of the designated centre, spoke to five residents, interviewed staff members and the person in charge. Inspectors viewed documentation such as care plans, meeting minutes, staff files, recording logs, policies and procedures.

Overall Judgments of our findings
Inspectors found three of the four actions identified in the previous inspection were achieved. The action in relation to emergency lighting had not been addressed. Overall, inspectors found the care was person-centred. However, improvement was required in a number of areas in order to ensure the provider was meeting their requirements under the regulations.

Four of the outcomes were found to be substantially compliant and five outcomes were found to have moderate non-compliance. Inspectors found improvements were required in care plans, maintenance, fire, risk management, behaviour support plans, healthcare plans, medication management and documentation.

All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.
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 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):**
No actions were required from the previous inspection.

**Findings:**
Overall, inspectors found residents' wellbeing and welfare was maintained however, improvements were required in health and social care plans.

Inspectors reviewed a sample of healthcare assessments and found while the assessments identified the residents' healthcare needs, the assessments were out of date or not dated.

Inspectors reviewed a sample of personal plans and found they contained a recent assessment identified person-centred goals and objectives. Residents were involved in the assessment to identify their preferences, needs and choices. Goals were broken down into specific tasks per quarter, person responsible and were reviewed quarterly. However, inspectors found the goals identified in residents paper files did not match the goals recorded on the centre's online system. In addition, due to to changing circumstances some of one resident's goals were put on hold and some goals were added in light of the change. Inspectors found the changes were not adequately recorded.

Inspectors found goals to be very personalised and included holidays abroad, family, managing weight and developing independent skills such as, road safety awareness. Some residents expressed they wanted to move out of the centre and goals were in place to support the residents in moving from the centre. Other residents spoken to stated that they liked living in the centre, felt well supported by staff and would not want to move from the centre.
Some residents in the designated centre did not attend a day service. The residents were supported to take part in set activities such as, cooking, budgeting, meeting families and cleaning during the day and inspectors observed an activity board in place for one resident.

Inspectors found that residents had the opportunities to participate in meaningful activities were appropriate to their interests and preference, for example, participating in courses, horse riding, maintaining contact with family, community groups and cooking.

**Judgment:**
Substantially Compliant

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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):**
No actions were required from the previous inspection.

**Findings:**
Not all areas of this outcome were inspected as part of this inspection. Inspectors visited three units and found maintenance issues were not addressed in a timely manner.

Inspectors observed areas of damp and mould in one unit, areas requiring painting in one unit and the garden in two of the units was overgrown and was not inviting for residents to use. As noted in Outcome 7, the centre identified in January 2016 a need for a ramp to support a resident evacuate in case of emergency and this was not in place on the days of inspection.

Inspectors were informed these issues were highlighted to the maintenance team who worked on a priority system. In addition, some residents may refuse to allow the maintenance team access the units. The centre manager noted that a schedule had been introduced for the maintenance team to allow for issues to be dealt with in a timely manner and to inform residents when the maintenance team would arrive.

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

### Findings:
Overall, inspectors found the designated centre promoted the health and safety of residents, visitors and staff within the centre. However, improvements were required in the areas of risk management, accident and incident review and fire. Inspectors found three of the four actions identified in the previous inspection were satisfactorily implemented; emergency lighting had not been addressed.

The designated centre had an up-to-date health and safety statement and a policy in place in relation to missing persons.

The designated centre had a risk management policy in place this included the specific risks outlined in Regulation 26. The risk management system required improvement as the risk register did not identify all risks in the centre and did not include environmental risk assessments. In addition, the system for individual risk assessments required improvement. For example, the individual risk assessments in residents paper files were dated in 2014 with no evidence of review. Individual risks were also identified on the centre’s risk register which did not include any risks for one resident.

Inspectors found there were some fire safety arrangements in place. The designated centre had fire alarms and fire fighting equipment in place and this had been serviced appropriately. Inspectors found that emergency lighting, which was identified as an issue in the previous inspection, was not in place.

The designated centre had emergency bags containing first aid equipment and torches were located near the exits of the centre. Personal emergency evacuation plans (PEEPs) were in place for each resident and detailed the supports required for each resident. The evacuation plan was on display in a prominent place within the designated centre but it was not reflective of PEEPs. For example, one PEEP stated that no assistance was needed for one resident while the evacuation plan in that unit stated the resident needs verbal and physical prompting. Staff had up to date training in fire.

The designated centre completed regular fire drills and from a review of the fire drill reports there was evidence of learning from the fire drills. For example, a ramp was identified as a need for one fire exit in a fire drill completed in January 2016. However, as noted in Outcome 06 this was not in place on the day of the inspection.

Inspectors reviewed a sample of incidents and accidents. Incidents and accidents were reviewed by the person in charge and discussed at staff meetings and clinical review.
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):
No actions were required from the previous inspection.

Findings:
Inspectors found there were measures in place to protect residents from being harmed or abuse. However, behaviour support plans were found to be inconsistent and did not provide adequate guidance to staff. Improvements were also required in relation to the monitoring of restraint.

Inspectors reviewed a sample of behaviour support plans and found some plans were not reflective of current practice and did not adequately guide staff. For example, a recent restriction had been placed on one resident's movement and this was not reflected in their behaviour support plan. Another behaviour support plan reviewed did not contain the protocol for administering p.r.n. medication (a medicine only taken as the need arises). The protocol was found in the previous version of the plan but had not been included in the updated plan.

The designated centre had identified restrictions in place which were reviewed by the organisation's human rights enhancement committee. However, improvements were required in relation to the monitoring of restraint as inspectors identified restrictions in place in the designated centre which had not been through this internal process. For example, the restriction on one resident's movement and a bed alarm for seizure activity which was recently put in place but restricted the resident's privacy.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. Staff were trained in safeguarding and staff spoken to were knowledgeable about what constitutes abuse and the procedure to follow in the event of
a suspicion or allegation of abuse. Staff members were seen to treat resident in a warm and friendly manner and respecting their choices. Intimate care plans in place for the residents in the centre.

Safeguarding concerns were identified and addressed in a timely manner by the centre. Inspectors reviewed recent safeguarding concerns related to the protection of residents' finances and the management of fire. Inspectors reviewed documentation and supports put in place and found that the centre had reacted to the safeguarding issues in a timely manner and had introduced measures to mitigate and reduce the risk. Residents spoken to said they felt safe in the designated centre.

**Judgment:**
Non Compliant - Moderate

### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Overall, inspectors found residents were supported to achieve and enjoy the best possible health. However, improvements were required in healthcare assessments and care plans.

As noted in Outcome 05, some residents' healthcare assessments were not up-to-date or were not dated. For example, one residents healthcare assessment was completed in December 2014 and another resident's healthcare assessment was not dated. This meant there was potential for healthcare needs not being identified or assessed.

The designated centre had care plans in place for the management of epilepsy but there were no care plans in place to guide staff in relation to the residents' other healthcare needs. This could potentially lead to residents' healthcare needs not being met. For example, inspectors reviewed healthcare documents for the management of diabetes and found while blood sugar monitoring was taking place, there was no care plan in place to guide staff this was to be done or on the interventions to be implemented should the reading fall outside the resident's range. Inspectors found that care interventions were in place and that staff spoken to were knowledgeable of residents healthcare needs.

Inspectors reviewed residents’ access to healthcare professionals and residents were supported to access a range of health care professionals such as GP, psychiatrist, OT,
Residents assisted staff in the preparation of meals in accordance with their preferences and some residents had attended cooking courses. Residents had regular access to snacks and residents were seen to make their own coffee and decide on when and what they wanted to eat. The designated centre encouraged healthy eating and supported residents maintain a healthy weight in line with their preferences. Arrangements were in place for residents at risk of poor nutrition and the designated centre was monitoring weights.

**Judgment:**
Non Compliant - Moderate

### 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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found systems in place to ensure safe medication management. However, improvements were required in relation to prescription sheets, p.r.n. (a medicine only taken as the need arises) protocols and recording of expiry dates.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal, refusal, medication errors and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out regularly. Inspectors found staff were trained in the safe administration of mediation.

Inspectors found all medication was stored in a secure, locked cabinet in a locked area and the keys to access the medication cabinet were held securely by staff. Inspectors reviewed a sample of medication stored in the press and noted the expiry date was not recorded for all required medications. Controlled drugs were in use in one unit and inspectors observed a separate locked storage box in place. Stock checks were maintained on a daily bases and inspectors crossed checked the balance and found that it was accurate.

The designated centre had protocols in place for p.r.n. medication however, inspectors found the protocols did not reflect practice or sufficiently guide staff. For example, staff spoken to stated that a p.r.n. was administered when the resident requested it.
Inspectors found this did not correspond with the information contained within the behaviour support plan or stress management plan. A record was maintained when this medication was administrated and this was present to the prescribing doctor on review of this medication.

Prescription and administration recording sheets were in place for residents and a number of these were viewed by inspectors. These were found to be up-to-date and showed that staff administered and signed for medication. All staff members signature was present within the signature bank. However, improvements were required in relation to one prescription sheet as inspectors found that some short term medication were recorded in the p.r.n. section and some p.r.n. medication in the short term medication section. Staff spoken to noted that this was due to insufficient space in the sheet,

At the time of the inspection one resident was responsible for their own medication. Inspectors found that they were suitably assessed and suitable monitoring arrangements were in place.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 14: Governance and Management</strong></th>
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<tbody>
<tr>
<td>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.</td>
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**Theme:**
Leadership, Governance and Management

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

**Findings:**
Overall, inspectors found management systems were in place to ensure the services provided is appropriate to the residents' needs. However, improvements were required to ensure the centre was effectively monitored. The issues identified with on call arrangements in the previous inspection were addressed. The designated centre had an on call system in place which identified who was in charge of the designated centre at a given time.

The designated centre had completed the six monthly unannounced provider visits. Inspectors reviewed a recent report which focused on particular outcomes and contained an action plan. An annual review of the quality and safety of care in the
designated centre was conducted by provider. The reviews led to improvements as the issues identified were being addressed for example, in relation to staff training.

There was a clearly defined management structure this identified the lines of authority and accountability in the designated centre. The houses were managed by the person in charge who was full time, suitably qualified and experienced. The person in charge had competed a Diploma in Social Studies and a Certificate in Management. The person in charge demonstrated that they were aware of their statutory responsibilities. Residents in the designated centre could identify the person in charge.

However, there was no ongoing local audits in place to ensure the quality of care provided to residents were effectively monitored and developed as needed. For example, there was no auditing of personal plans and inspectors found several documents to be out of date, documents in need of review and information in some cases to be inconsistent. In addition, while some medication stock checks were occurring there was no centre specific medication audit taking place.

Staff were appropriately supervised through regular informal meetings, house visits and staff meetings. Staff spoken to felt supported by the person in charge.

Staff meetings had taken place regularly and were attended by the person in charge. Inspectors reviewed minutes of these meetings and items discussed included residents' needs, progress towards residents' goals, rosters and annual leave, recent six monthly visit and recent incidents. In addition, the person in charge also met with the residential manager on a monthly basis. The meetings discussed staffing, clinical issues, quality assurance, safeguarding concerns, and operational planning.

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):**
No actions were required from the previous inspection.

**Findings:**
Overall, inspectors found that there was adequate numbers of staff members to meet the needs of the residents within the designated centre to deliver a safe service.
However, improvements were required with the information on the rota.

The centre maintained a planned and actual rota. However, the rota format required improvement to ensure clarity as it did not include full names of staff, their positions, or use a 24 hour clock.

There were no vacancies in permanent roles and the centre were currently advertising for relief hour contacts. There were no volunteers engaged with the centre. Inspectors observed staff interacting with residents' in a warm, friendly and positive manner.

Inspectors reviewed a sample of four staff files and found that they contained the information as required by Schedule 2. Inspectors reviewed staff training records and found that all staff had up to date training in fire, safe administration of medication, safeguarding vulnerable adults and manual handling. Staff were also trained in epilepsy and in first aid.

**Judgment:**
Substantially Compliant

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

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

| Findings: |
| The designated centre had addressed the action from the previous inspection. The policy on food nutrition and food safety now included detail on monitoring and documentation of nutritional intake, in cases of weight loss or gain. |

Inspectors found improvements were required in relation to the documentation to be kept in the designated centre in respect to each resident. Records and documents that were viewed were not in accordance with Schedule 3 of the Regulations. A number of records and documents were viewed were found to be inconsistent, out of date or not dated. This could potentially miss lead staff and practice without dated information and assessments. |
Judgment: 
Substantially 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:

Conan O'Hara  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report

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<tr>
<td>Centre ID:</td>
<td>OSV-0003404</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 August 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 September 2016</td>
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</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 05: Social Care Needs

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Goals identified in residents paper files did not match the goals recorded on the centre’s online system.
1. **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:**
From September 2016 only use on line system for recording goals.
Ensure all visual supports accurately represent persons goals.

**Proposed Timescale:** 30/09/2016

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Maintenance issues were not addressed in a timely manner with regard to the following:
- garden
- paint required
- mould in one bathroom
- ramp.

**Please state the actions you have taken or are planning to take:**
Gardening schedule has been agreed for remainder of 2016.
A) Review effectiveness of maintenance schedule 2016 and discuss timeframe/plan to carry out repairs. 30/10/16
B) Agree maintenance schedule for 2017. 15/12/16
C) Agree gardening schedule for 2017. 15/12/16

**Proposed Timescale:** 15/12/2016

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**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 risk management system did not identify environmental risks in the centre.

The risk management system required improvement in the recording and reviewing of risk assessments.
3. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
A) Create a new risk assessment template, procedure, handbook and develop an implementation and communication system to ensure its use and understanding.
28/12/16
B) Review and update all risk assessments on file and ensure review date is scheduled.
30/10/16

**Proposed Timescale:** 28/12/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no emergency lighting in the centre.

4. **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:**
A) WALK will engage a contractor to submit current costings for installation of emergency lighting and signage in each location. 30/09/16
B) These costings to be submitted to HSE for funding provision. 31/10/16
C) Create a schedule of work (post funding confirmation).
D) Inform residents and HIQA of implementation date (post funding confirmation)

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no fire doors in two units of the designated centre.

5. **Action Required:**
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**
A) Submit budget costing for fire door installation. 30/10/16
B) Submit costings to HSE. 30/01/17
C) Create a schedule of work (post funding confirmation).
<table>
<thead>
<tr>
<th>D) Inform residents and HIQA of implementation date (post funding confirmation)</th>
</tr>
</thead>
</table>

**Proposed Timescale:** 30/01/2017  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The fire evacuation plan in one unit did not match a resident's personal evacuation plan.

**6. 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) Review PEEP and evacuation plan and ensure they are in place.  
B) Create a schedule for reviews and monitor

**Proposed Timescale:** 30/10/2016

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<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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</table>

**Theme:** Safe Services

The is failing to comply with a regulatory requirement in the following respect:  
Behaviour support plans did not contain not up-to-date information.

**7. Action Required:**  
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:  
A) Update BSPs  
B) Create a schedule for reviews and monitor

**Proposed Timescale:** 30/09/2016  
**Theme:** Safe Services

The is failing to comply with a regulatory requirement in the following respect:  
Not all restrictive practices were identified and reviewed.
8. **Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
Review terms of reference for Human Rights Enhancement Committee as part of comprehensive review of current restrictive procedures system and create new system.

**Proposed Timescale:** 31/12/2016

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The is failing to comply with a regulatory requirement in the following respect:**
Healthcare assessments were out of date or not dated.

Healthcare plans were not in place for all healthcare needs as noted in the report.

**9. Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
Complete a Diabetes plan for one person and set review schedule.

Review to be completed of all healthcare plans and additional information added and updated as required.

Schedule developed to review on a regular basis.

**Proposed Timescale:** 30/10/2016

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**Outcome 12. Medication Management**

**Theme:** Health and Development

**The is failing to comply with a regulatory requirement in the following respect:**
Protocols did not reflect practice or sufficiently guide staff in relation to p.r.n medication

Not all required medications have an expiration date recorded

A prescription sheet required review.
### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

The is failing to comply with a regulatory requirement in the following respect:
There was no schedule of local audits in place to ensure the quality of care provided to residents were effectively monitored and developed as needed.

**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:**
Create an audit schedule for remainder of 2016 and for 2017.

**Proposed Timescale:** 30/09/2016

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The is failing to comply with a regulatory requirement in the following respect:
The rota required improvement as it did not include full names of staff, their position and use a 24 hour clock.

**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
Review of current rota system to ensure all necessary information is captured and that’s its updated when any changes are made to staff on duty.

**Proposed Timescale:** 31/10/2016
<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
</tr>
<tr>
<td><strong>The is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Out dated assessments and information was contained within resident's files.</td>
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<tr>
<td>Some areas of the personal files held conflicting information</td>
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<td><strong>13. Action Required:</strong></td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Review all files and remove old information to archive.</td>
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<tr>
<td>Check all information and ensure there is no conflicting information,</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/10/2016</td>
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</table>