## Health Information and Quality Authority

### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Walkinstown Association For People With An Intellectual Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003406</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>
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<tr>
<td>Registered provider:</td>
<td>Walkinstown Association For People With An Intellectual Disability</td>
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<tr>
<td>Provider Nominee:</td>
<td>Eamonn Teague</td>
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<tr>
<td>Lead inspector:</td>
<td>Karina O'Sullivan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
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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 following notification of a significant incident or event. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 07 July 2016 10:00  To: 07 July 2016 19:30

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

| Outcome 04: Admissions and Contract for the Provision of Services |
| 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 14: Governance and Management |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
Background to the inspection
This was the first inspection of this house within this designated centre, the other houses within the same designated centre were inspected by the authority previously. This inspection was completed as a result of the provider submitting an application to register this proposed house within the designated centre. The inspector also followed up on actions identified in the previous inspection in relation to the whole designated centre.

How we gathered our evidence
As part of the inspection the inspector visited the proposed designated centre, met with the proposed resident and the proposed person in charge. The inspector viewed documentation such as care plans, person-centred support plans, recording logs, policies and procedures. The proposed resident for this house (unit) previously resided within another house within the designated centre operated by the provider.

Description of the service
This proposed designated centre was operated by Walkinstown Association for people with an intellectual disability and was based in Clondalkin Dublin 22. It was
proposed the house would be home to one resident, who was currently transitioning into the house. The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. This unit proposed to provide a specialist residential service with an informed approach to service delivery for the older person in relation to routines and wellbeing. The service aimed to provide access to general primary healthcare services to meet people's needs as outlined within the statement of purpose. The proposed designated centre was a two bedroom bungalow with one bedroom used by staff on sleepovers.

**Overall judgments of our findings**

Overall, the inspector found that a good quality of life was provided across the designated centre. Ten outcomes were inspected against. The inspector found compliance in two of the outcomes. Four outcomes were found to be substantially compliant and four outcomes were found to be off moderate non-compliance. Areas of improvement included training for staff members, fire containment measures, emergency lighting, medication management and the information contained within residents' files.

The team leader within the proposed designated centre facilitated the inspection along with the proposed person in charge. The provider attended the feedback meeting at the end of the inspection along with the proposed person in charge and a member of staff from the quality team.

All proposals outlined and plans agreed will be verified at the next inspection.

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 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The inspector reviewed this Outcome in respect of the written contract and tenancy agreements which were in place.

The inspector found the written contracts did not outline what services were provided for and the fees charged. For example, it was unclear if costs associated with heating, light and transport were covered within the proposed fee.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The inspector found plans relating to the wellbeing and welfare requirements for the proposed resident needed improvement. The information within plans required more details to adequately guide practice.

The inspector found improvements were required in both the social and healthcare plans. The inspector viewed the proposed resident's file, this consisted of a personal plan with personal outcome measures leading to social goals. Issues identified within the social and healthcare plans included:
- review and completion date of plans were not recorded
- two versions of the same document was present within the file. One contained different information in relation to reviews. A separate online version also provided different and additional information.
- evidence of an assessment of the proposed resident's social needs was not evident to take into consideration the new environment, location and living situation
- some healthcare interventions in place were not based on appropriate assessment. For example, the rational for the monitoring of fluid and food was not available.

The inspector found the resident's social care needs were identified. The proposed resident had the opportunity to participate in meaningful activities that were appropriate to their interests and preferences.

The proposed resident's family members were consulted in relation to the personal plan in line with the resident and their family member's preferences. There was evidence of this maintained within the proposed resident's file.

Judgment:
Non Compliant - Moderate

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:
The inspector found the layout and design of the proposed house within the designated centre was suitable and safe to meet the needs of the proposed resident.
The house was a two bedroom bungalow one of the bedrooms will be used by staff members when on sleepovers. The house was bright, airy and clean with sufficient furnishings. The proposed resident provided the inspector with a tour of the house. The proposed resident identified several times that the house was "only gorgeous and the resident was delighted to live here". There was an open plan sitting and dining area, this was personalised to reflect the likes and interests of the proposed resident with family photographs framed and displayed. The proposed resident took pride in identifying areas of the house that they liked such as the coordinating table setting on display in the proposed house.

There was a separate kitchen area leading to an outside garden, the proposed resident and the proposed person in charge outlined plans to level the surface to make it safer for the resident however, at present this was not an issue for the proposed resident.

The bedroom was of suitable size and contained sufficient storage and was personalised in accordance with the proposed resident's preferences.

The staff sleepover room also contained secure storage for medication and a separate secure storage facilitates for the proposed resident's finances.

The proposed resident identified various items purchased within the house such as picture frames and the proposed resident identified plans were underway for a house warming party. Family members, friends and members of senior management had come to visit the proposed resident in the proposed house. The inspector was informed by the proposed resident what these members stated when they viewed the proposed house.

**Judgment:**
Compliant

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**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

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

**Findings:**
The inspector found that the health and safety of the proposed resident, visitors and staff within the proposed house was promoted. Improvements were required in the area of risk management, fire containment and emergency lighting. Emergency lighting was identified in previous inspections within the other houses in this designated centre.
There were no fire doors within the houses; however, the proposed resident when spoken with by the inspector identified what to do in the event of a fire. The inspector viewed two personal emergency evacuation plans in place for the proposed resident. These plans were dated 26 June 2016 and were not reflective of the house. The plan identified that the proposed resident may refuse to evacuate and lock themselves into their bedroom. If this happened staff members were to leave the house. The inspector found the proposed house was unsuitable for this arrangement as no fire doors were evident within the proposed house to allow for sufficient fire containment should the event arise. The proposed person in charge identified that the information contained in the plan was inaccurate and pertained to the proposed resident's previous residence.

The inspector viewed a fire drill completed on 1 July 2016 with the proposed resident and no issues were identified.

The inspector viewed the risk management policies and procedures and found the organisational risk management policy in place this included the specific risks identified in regulation 26. However, the system within the proposed house required improvement in order to identify, examine and manage potential hazards in the house. On the day of inspection the inspector noted that lone working or regulation of the water temperature was not addressed through the proposed house risks assessment.

The team leader discussed the system in place for routine checks and services of the fire detection, alarm system, and equipment being conducted by a fire professional. The fire alarms will be serviced on a quarterly basis the first of these services had taken place on the 26 May 2016. There was certification and documentation to verify this. The fire equipment was also serviced on the 26 May 2016 and will be completed annually as required by regulations.

All staff had completed fire training with the exception of one staff member who will not be working in the proposed house until training has been completed.

There was a health and safety statement in place. The risk management policy met the requirements of the regulations.

There was a policy in place relating to the procedure staff should follow if a resident went missing from the proposed designated centre.

The inspector viewed the emergency plan and found that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage.

**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:
The inspector found that measures were in place to protect the proposed resident from being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and proposed staff members had received training. The proposed person in charge outlined the procedures to be followed should an allegation of abuse arise. The proposed resident also outlined who they would contact and showed the inspector the name of the person in their mobile phone.

The inspector determined that the proposed resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

The inspector viewed a health and wellbeing plan for the proposed resident this outlined pro active and reactive strategies to reduce levels of stress for the proposed resident.

The proposed resident had an intimate care plan in place.

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):
No actions were required from the previous inspection.
Findings:
The inspector found the proposed resident was supported to achieve and enjoy the best possible health. Improvements were required in relation to access to allied health professionals.

The proposed resident had regular access to a general practitioner, and to allied health care professionals including, psychiatrist, optician and dentist. However, the resident was still awaiting an appointment with the speech and language therapist for two years, the exact date of referral was not available.

The proposed resident had a health and well being plan in plan this outlined holistic care provision for the resident.

Regarding food and nutrition the proposed resident assisted staff in meal preparation and participated in menu planning in accordance with their preferences. During the inspection the proposed resident stated that they "preferred for staff to do the cooking" and this wish was respected.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found the proposed medication management policies and procedures were satisfactory and safe. Improvements were required in relation to the administration practices, opening dates of some medications and review of the proposed resident's person centre medication plan.

The inspector observed that 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. The inspector noted that the opening dates were not recorded for all required medications for example, creams and syrups prescribed as p.r.n. (a medicine only taken as the need arises) medication.

Administration sheets were in place for the proposed resident and a number of these were viewed by the inspector. These were found to be up-to-date and showed that staff administered and signed for medication. However, the exact times of administration did
not match the time on the prescription.

The inspector identified one staff had not undertaken a medication management programme and one staff member’s signature was not contained within the signature bank.

The proposed resident had a person-centred medication plan in place this required to be updated as reference was made to a behaviour support plan. The inspector requested to view this plan however, staff identified that the proposed resident did not have behaviour support plan and some of the information contained within the plan was not current.

The policy provided comprehensive guidance to staff on areas such as medication administration, refusal, disposal of medications and medication errors.

Safe storage facilities were provided for medication within the house in this proposed designated centre.

Audits had not taken place yet within the house in relation to medication however, the proposed person in charge identified plans in place to undertaken audits and to ensure compliance with the organizations policy.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal 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 once a day for all medications.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector found that the quality of care and experience to the proposed resident will be monitored and developed on an ongoing basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services.

Arrangements will be in place for the person nominated on behalf of the provider to carry out unannounced visits on a six monthly basis. This will review the safety and quality of care and support provided in the proposed house.

An annual review of the quality and safety of care in the designated will be conducted. The inspector requested a copy of the previous annual review completed in the other areas of this designated centre and was subsequently provided with this report however, this was not made available to residents.

The inspector found that there was a clearly defined management structure that identified the lines of authority and accountability. The house within this designated centre is proposed to be managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The proposed person in charge was knowledgeable about the requirements of the regulations and standards. This proposed staff member will be the person in charge for the whole designated centre. The inspector found that this will be a suitable arrangement due to the close geographical locations of each designated centre, and the effective systems that the proposed person in charge has in place.

No team meeting had taken place yet in the house however, the inspector was presented with a standard template that will be discussed. Areas included incidents and accidents and medications errors to ensure learning will be gained by the team members. The person in charge had conducted a meeting with the team leader this occurred on 23 May 2016 and areas discussed included the move to the house and maintenance work to be completed. The proposed person in charge will have monthly meetings with the provider, one of these meetings had taken place, areas discussed included risk assessments, staffing, quality assurance and financial resources.

The inspector viewed evidence of staff members receiving regular reviews and also viewed four staff members performance development reviews completed on an annual basis.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that there will be adequate numbers of staff members to meet the needs of the proposed resident to deliver a safe service. Improvements were required in relation to staff files and staff training.

Four staff files were reviewed by the inspector and gaps were identified in relation to the information required as outlined in schedule 2. This included two written references for each staff members and full employment history.

The inspector reviewed training files for staff members in the designated centre and found that one staff member had not undertaken any mandatory training. The provider and the person in charge provided written assurances to the inspector that this member of staff would no longer be working directly with any residents in the designated centre until training was completed. Other staff members required refreshing training in the areas of people moving and handling while one staff member had not received any training in this area.

The inspector was informed that supervision will be completed by the team leader this process will allow staff to receive support and guidance to carry out their roles effectively.

The inspector observed staff engaging with the proposed resident in a friendly and respectful manner.

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):
No actions were required from the previous inspection.

Findings:
The inspector focused only on schedule 3 and schedule 4 documents in relation to this Outcome and found improvements were required in both areas.

Records and documents that were viewed were not in accordance with schedules 3 as listed in the regulations. A number of documents viewed contained reference to the proposed resident’s previous address for example, the intimate care plan. A risk assessment pertaining to another resident was also present within the proposed resident’s file. The list of personal possessions was not maintained up-to- date for example, the proposed resident had purchased a television and this was not contained on the list. Two versions of the personal outcome measures for the proposed resident were present in the file.

Records and documents that were viewed were not in accordance with Schedules 4 as listed in the regulations for example, a copy of the previous inspection report was not present within the proposed house nor was there a copy of the annual review of the designated centre in place.

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:

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003406</td>
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<tr>
<td>Date of Inspection:</td>
<td>07 July 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 July 2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fees in relation to some services were not clearly outlined within the written agreements.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
Review the contract of care to include definition on the detail of services provided e.g heat, light, transport.

**Proposed Timescale:** 31/08/2016

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person plan assessment was not completed to incorporate change in living arrangements for the resident.

2. **Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**
Review the care plan to ensure it is updated to reflect the new living arrangements.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plan was not reviewed to reflect the change in circumstances for the resident.

3. **Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
Review the care plan to ensure annual and quarterly review dates are scheduled and take place.

**Proposed Timescale:** 31/08/2016
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some aspects of the plan reviewed did not assess the effectiveness of each goal identified.

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

Please state the actions you have taken or are planning to take:
Review the care plan to include updates on the attainment of goals and/or contingency plans.

Proposed Timescale: 31/08/2016

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some interventions in place were not based on the assessed needs of the resident, such as food and fluid monitoring.

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

Please state the actions you have taken or are planning to take:
Need to monitor food and fluid intake was identified through Clinical Review Meeting on 7/3/14 by clinical Psychologist. Ensure all staff understands the relevance and that supporting documents are appropriately referenced.

Proposed Timescale: 31/07/2016

Outcome 07: Health and Safety and Risk Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The assessment, management and ongoing review of some risks were not evident within the house in the designated centre, such as lone working and controlling the temperature of the hot water.
6. **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:**
Introduce system of temperature regulation – this will be completed by November 30th 2016

Complete a lone working risk assessment – This will be completed by 31st August 2016.

**Proposed Timescale:** 30/11/2016  
**Theme:** Effective Services  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Emergency lighting was not present within the house in the designated centre.

7. **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:**
Inform the HSE of the requirement by regulations of the presence of emergency lights and look for assurances in financial resource allocation to comply.

**Proposed Timescale:** 16/08/2016  
**Theme:** Effective Services  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Adequate arrangements for containing fires were not evident within the designated centre.

8. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
Introduce fire containment measures to the areas of elevated risk in the house including kitchen and hot press areas

**Proposed Timescale:** 30/11/2016
**Theme: Effective Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information contained within the resident's personal emergency evacuation plan was inaccurate.

9. **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:
Review and update the PEEP to reflect the new living arrangement

**Proposed Timescale: 18/07/2016**

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**Outcome 11. Healthcare Needs**

**Theme: Health and Development**

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Allied health professionals such as speech and language therapy were not provided to the resident in a timely manner. The resident was waiting for an appointment for two years.

10. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Contact the GP re follow up on original referral to SALT
Contact the relevant hospital and ask for confirmation of appointment date

**Proposed Timescale: 16/08/2016**

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**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:
Some medications such as, tropical and liquid medications were not dated when opened.
<table>
<thead>
<tr>
<th>11. <strong>Action Required:</strong></th>
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<tbody>
<tr>
<td>Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.</td>
</tr>
</tbody>
</table>

**Please state the actions you have taken or are planning to take:**
Introduce a system of recording opening and dispose by dates for relevant medications.

**Proposed Timescale:** 18/07/2016

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The times of administration did not match the time on the prescription for the medications to be administered.

Dates were not inserted on the weekly dispensed dosage system.

<table>
<thead>
<tr>
<th>12. <strong>Action Required:</strong></th>
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<tr>
<td>Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.</td>
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</tbody>
</table>

**Please state the actions you have taken or are planning to take:**
present kardex to GP for amendment of times to match as prescribed
review with staff the requirement to date meds administration on kardex

**Proposed Timescale:** 18/07/2016

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Signature bank did not contain all staff members involved in medication administration.

<table>
<thead>
<tr>
<th>13. <strong>Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.</td>
</tr>
</tbody>
</table>

**Please state the actions you have taken or are planning to take:**
Capture all staff signatures on relevant record sheet.

**Proposed Timescale:** 04/08/2016
<table>
<thead>
<tr>
<th>Theme: Health and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>The person-centred medication plan was not reflective of current practice.</td>
</tr>
</tbody>
</table>

14. **Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Review and update the PCMP to be reflective of current needs.

**Proposed Timescale:** 18/07/2016

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

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

A copy of the annual review of the quality and safety of care and support with the designated centre was not made available to residents.

15. **Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

Use the HIQA guidance on annual review for 2016 period report and provide feedback to service users.

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

<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Responsive Workforce</td>
</tr>
</tbody>
</table>

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

Gaps were identified in relation to schedule 2 information contained within staff files viewed.
### 16. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Request HR to source outstanding written references and identify satisfactory rationale for employment gaps for identified personnel.

**Proposed Timescale:** 31/08/2016  
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
All staff had not received mandatory training while some staff were awaiting refresher training in the area of manual handling.

### 17. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Ensure all staff in DCC are scheduled for and complete all refresher and mandatory training.

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

### Outcome 18: Records and documentation  
**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
All records as outlined in schedule 4 were not present within the designated centre.

### 18. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Review schedule 4 of the regulations and ensure records outlined are present and current.

**Proposed Timescale:** 30/09/2016
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All records as outlined in schedule 3 were not maintained with in the designated centre.

19. **Action Required:**
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
Review schedule 3 of regulations and ensure records are outlined and present.

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