

**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 St John of God Community Services Limited
Centre ID:	OSV-0005500
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Claire O'Dwyer
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 July 2016 10:00	19 July 2016 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an inspection carried out to inform a registration decision. It was a new premises. An application had been received by the Health Information and Quality Authority (HIQA) to register the centre to accommodate two residents. The inspection was announced. Saint John of God Services, Kerry is a service provider caring for people with intellectual disabilities.

How evidence was gathered

The inspector met with the person in charge, the provider, the head of the health and safety team and the behaviour support therapist. At the time of inspection no residents were living in this centre as it was not operational. The plan in place was for one resident to transfer from a congregated setting to this community type setting, while retaining the supports they already had in their campus based home.

The inspector examined the documentation systems and carried out an onsite visit to verify that the house was suitable for occupancy and appropriate to meet the needs of the proposed resident.

Plans were in place to ensure that the health needs of the resident were met. The resident would have access to local general practitioner (GP) services or retain the GP service they already had, whichever the resident choose. The person in charge and provider discussed arrangements in place to meet the social care needs of the resident and to ensure that the resident had opportunities to participate in activities appropriate to their interests and preferences. Plans were in place for the resident to continue with their regular day service and regular involvement in horse riding, tidy towns committee and bowling.

Proposed medication management practices were in order.

Plans were in place around ensuring the health and safety of the resident and staff. An emergency plan was in place. This plan was to be updated once the resident had a definite date for moving to their new home. Work was underway to ensure appropriate fire safety arrangements were in place. A fire alarm system was in place; however, it was not certified as having been checked or serviced. The provider was in the process of obtaining documentation to show it was in working order. Fire equipment was not in place at the time of inspection and was due to be installed. The instillation of emergency lighting was underway but not completed at the time of inspection. The provider was requested to submit, from a suitably qualified person, assurances that the fire safety arrangements were sufficient.

The inspector was satisfied that staff who were to work in the centre had received their mandatory training. Staff files were held securely in the organisation's central office. Such files were examined on previous inspections to other centers operated by St John of God Services. On all previous occasions files were seen to be complete.

Description of the service

The provider had produced a document called the statement of purpose that explained the service they provided. The centre is a three bedroom semi detached two storey house on the outskirts of Killorglin. It is initially to be occupied by one resident. The longer term plan is for two residents to live in the house. One bedroom was available for sleepover staff. Initially the house is to be staffed by two throughout the day and night. The house has a spacious sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities.

The centre is part of the organisations' community living facilities. The location of the centre was such that residents would have easy access to get out and about on a daily basis. The house was well maintained. Residents would continue to avail of their regular day services from Monday to Friday. Transport was provided to and from the day services.

Overall judgment of our findings

The inspector found that the approach to care was holistic and involved the resident and their family. Well considered transition plans were in place for the resident. The location of the house and the proposed staffing arrangements were such that the resident would be well placed to continue to enjoy the activities they were already involved in and live in an environment which suited their needs. The resident who was planning to move to this centre was being offered independence while safeguarding security.

Confirmation needed to be provided to the inspector when the installation, servicing and certification of appropriate fire safety equipment was complete (Outcome 7).

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

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 was satisfied that the rights, privacy and dignity of residents would be promoted and residents' choice encouraged.

The inspector was familiar with the organisation's complaints' policy and found it described how to make a complaint, who to make the complaint to and the procedure that would be followed on receipt of a complaint. It contained details of the nominated person available to ensure that all complaints were appropriately responded to. An easy read version of the complaints procedure was available.

The person in charge told the inspector that a weekly residents' meeting would be held. It was anticipated this would include discussions on items such as the menu for the coming week, plans for the weekend, any issues related to the premises and planned activities.

Arrangements were in place for residents to have access to an advocacy service.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents would be supported and assisted to communicate in accordance with residents' needs and preferences.

Residents' communication needs would be identified in the personal planning documentation and supports put in place where needed. Work had already commenced on these as part of the transition process. Social stories with written and pictorial descriptions, were a key element of the communication process for one of the residents who planned to live in the centre.

Residents who were transferring to this centre did not to date use assistive devices such as iPads, tablets or iPods. However, there was access to the internet and developing the residents skills in the use of assistive technology was part of the residents ongoing training plans.

The person in charge discussed strategies that may be used depending on the needs of the residents including picture exchange communication system (PECS), sign language and social stories. Residents would have access to the services of a speech and language therapist if necessary and the ongoing support from behaviour support therapists.

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:

From the information available, the inspector was satisfied that families and friends were encouraged to be involved in the lives of the residents. There was evidence that family were already involved in the transition plans for the resident who was planning on moving to the centre.

The person in charge outlined how staff would facilitate residents to maintain contact with their families. This included access to phone facilities and family invitations to events in the centre. The family of the resident visited the centre prior to move.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector saw that there was a system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process. Multi disciplinary meetings had taken place to ensure the resident's transition was as smooth as possible.

The person in charge and behaviour support therapist outlined the proposed plans for admitting new residents including the supports that would be available during the transition period.

Written agreements will be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

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 services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that, when implemented, the care and support as described by the person in charge, the behaviour support therapist and the provider would reflect the residents' assessed needs and wishes.

The inspector reviewed a sample of the documentation in relation to the resident who was planning on moving to this house, and found that it was detailed, specific to the resident with appropriate timelines and appropriate current risk assessments. This documentation identified the resident's care needs and proposed plans to address those needs.

A plan was in place for each resident to be assigned a key worker. For the resident who was transferring between the St John of God Services, their key worker was to transfer to this new centre with them. There were plans for weekly meetings, as well as reviews on a regular and annual basis. Several of the staff and the person in charge had met to view the suitability of the new accommodation and in particular, its suitability for the resident who was to transfer to this house.

From discussions with the person in charge and the behaviour support therapist, it was evident they had developed a relationship with the resident who was transferring and were familiar with the resident's needs.

Daily records were to be maintained of how residents would spend their day. The inspector saw that the personal plans will contain information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives. This information had already been gathered at the time of inspection.

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 inspector found that the centre was suitable and safe for the proposed number of residents. The centre, a two storey semi detached house, was located on the outskirts of Killorglin in Co. Kerry. The house was warm, homely and attractively furnished. Once a definite date of moving was confirmed the resident was to proceed with moving their personal furniture and effects to their new home.

There were two bedrooms set aside for residents' use. One of these had en suite facilities. There was a large bathroom with a bath. A room was set aside for a staff office which also facilitated sleepover staff (if the need arose).

There was a large kitchen cum dining room. There was also a utility room with laundry facilities. Storage was provided. There were a comfortably furnished sitting room. There was access to a rear garden.

At the time of inspection no windows were restricted. The need for window restrictors was to be risk assessed.

Parking was available at the front of the building. A vehicle was available for residents' use. Arrangements were in place for the safe disposal of general waste.

Judgment:

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 was satisfied that the health and safety of residents, visitors and staff would be promoted.

There was a health and safety statement in place. The risk management policy met the requirements of the regulations. Plans were in place around ensuring the health and safety of the resident and staff. Good risk assessments were completed in relation to the specific needs of the intended residents. However, a risk assessment was not completed in relation to the safety of the upstairs windows.

An emergency plan was in place. This plan was to be updated once the resident had a definite date for moving to their new home. Work was underway to ensure appropriate fire safety arrangements were in place. A fire alarm system was in place; however, it was not certified as having been checked or serviced. The provider was in the process of obtaining documentation to show it was in working order. Fire equipment was not in place at the time of inspection and was due to be installed. The installation of emergency lighting was underway but not completed at the time of inspection. The evacuation procedure was not on display. The provider was requested to submit, from a suitably qualified person, assurances that the fire safety arrangements were sufficient.

A plan was in place to ensure that fire drills would be carried out immediately on admission and at various times of the day and night. Daily checks of escape routes were planned.

The vehicle to be used by the resident was up to date with certification of road worthiness.

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 was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and proposed staff had received training. The person in charge outlined the procedures they follow should there be an allegation of abuse.

The inspector was satisfied that the proposed resident and any future residents would be provided with emotional, behavioural and therapeutic support that would promote a positive approach to behaviours of concern. There was a policy in place guiding the management of behaviours of concern. Systems in place included access to the behaviour specialists, psychologists and psychiatrists. The inspector viewed the risk assessments, the positive behaviour support guidelines, the transition plan and a report from an outside agency who supports the resident who is transitioning. All were specific in their guidance and goals for this resident.

There was a policy in place to guide usage of any restrictive practices and staff spoken with were aware of the significance of using them. A restraint free environment was to be promoted and it was not expected that any such practices will be in use in this centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Plans were in place to maintain a detailed log of all incidents occurring in the centre and to analyse these for the purposes of learning.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that if the plans discussed were implemented, the general welfare and development needs of residents would be promoted and residents would be afforded opportunities for new experiences, social participation, education, training and employment.

A plan was in place for the resident to continue with their regular day services arrangements. This service was to be strengthened by closer liaison between the day service and St John of God Services.

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:

The inspector was satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector was satisfied that residents would have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals including occupational therapists, psychologist, psychiatrist, behaviour support therapist, speech and language therapist.

Nutritional assessments were planned to be completed on admission and as required. Weights were to be recorded on a monthly basis or more frequently if required. The menu choices would be on display. The person in charge discussed how healthy eating options would be encouraged and residents would be actively involved in planning their menus. It was expected that residents would be involved in shopping and cooking in the centre.

Health monitoring documentation would also be completed and this would include regular checks of bloods.

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:

The inspector found that the proposed medication management policies and procedures were satisfactory.

The inspector was familiar with the medication policy which was comprehensive and gave guidance to staff on areas such as medication administration, medications requiring strict controls, disposal of medications and medication errors.

Safe storage facilities were provided for medications. The staff proposed to work in this house had undertaken a medication management training programme.

Audits were to be undertaken to ensure compliance with the centre's policy and that all required documentation was correctly completed.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It described the service that will be provided in the centre and will be kept under review by the person in charge.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

An auditing system had been introduced within the organisation and applied to this new centre. Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

The person in charge had responsibility for carrying out regular audits in the centre.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified and experienced person in charge. She was knowledgeable about the requirements of the Regulations and Standards. She was supported in her role by the behaviour support specialist, the head of programme, a deputy person in charge and the provider.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Deputising arrangements were in place.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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

Findings:

The inspector was satisfied that there were sufficient resources to provide effective delivery of care and support in accordance with the statement of purpose.

The centre was attractively decorated. It was spacious. As discussed under Outcome 7 work was underway in relation to fire safety arrangements.

Maintenance requests were managed by the organisation's maintenance department.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that staff would be supervised on an appropriate basis. Staff had been recruited and vetted in accordance with best recruitment practice.

The person in charge told the inspector that the staffing levels would be based on the assessed needs of the residents. The plan in place was for the centre to be staffed at all times by two staff members. Staff on night duty would be awake.

Records of staff training were maintained.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

Written operational policies required by Schedule 5 of the Regulations were in place to inform practice and provide guidance to staff.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, would be maintained in a secure manner. Staff spoken with were aware of the requirement to ensure that the records listed in Part 6 of the Regulations will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. Staff were also aware of the required periods of retention for the records.

A resident's guide was available and it provided detail in relation to the required areas. It included a summary of the services and facilities provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The person in charge had access to an appropriate template for the directory of residents. Adequate insurance cover was in place.

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:

Margaret O'Regan
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 St John of God Community Services Limited
Centre ID:	OSV-0005500
Date of Inspection:	19 July 2016
Date of response:	29 July 2016

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 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 safety of the upstairs windows had not been risk assessed.

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 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

(i) Complete assessment of environmental and behavioural risk to be identified, risk register to be devised in consultation with the Health and Safety Officer, Multi-disciplinary Staff Team and Resident

(ii) Window opening restrictors to be fitted to 1st floor windows.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

Provide suitable fire fighting equipment such as fire extinguishers and fire blankets.

2. Action Required:

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

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

Fire extinguishers, signage and fire blankets have been installed in the premises.

Proposed Timescale: 25/07/2016

Theme: Effective Services

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

Provide adequate means of escape, including emergency lighting and provide to the inspector assurances from a suitably qualified person, that the fire safety arrangements are sufficient.

3. 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:

(i) Fire extinguishers have been installed in the premises.

(ii) The work to install a fire detection system and emergency lighting system will commence on Tuesday next August 2nd, and will be completed by Friday August 5th. The fire detection and emergency lighting system has been designed and will be

certified by a suitably qualified engineer.

Proposed Timescale: 05/08/2016

Theme: Effective Services

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

Make adequate arrangements for giving warning of fires including the servicing of fire alarms.

4. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

- (i) The work to install a fire detection system and emergency lighting system will commence on Tuesday next, August 2nd, and will be completed by Friday August 5th. The fire detection and emergency lighting system has been designed and will be certified by a qualified engineer.
- (ii) A contract will be in place for ongoing maintenance and servicing of the fire system

Proposed Timescale: 05/08/2016

Theme: Effective Services

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

The procedures to be followed in the event of fire were not in a prominent place in the centre.

5. Action Required:

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

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

- (i) Emergency procedures to be taken in the event of a fire are to be devised in consultation with the Health and Safety Officer, Staff Team and Resident.
- (ii) Personal Emergency Evacuation Plan for resident completed.

Proposed Timescale: 11/08/2016