<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Supported Living Thurles</th>
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<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005503</td>
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<td><strong>Centre county:</strong></td>
<td>Tipperary</td>
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<tr>
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<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>RehabCare</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Rachael Thurlby</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Mary Moore</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
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<tr>
<td><strong>Type of inspection</strong></td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>0</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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.
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: 13 October 2016 10:00
To: 13 October 2016 18:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to the inspection:
This inspection was the first inspection of the centre by The Health Information and Quality Authority (HIQA). This was a new centre, planned to provide supported residential services for one resident. The centre was pending registration and therefore not operational at the time of this inspection.

How we gathered our evidence:
Prior to the inspection the inspector reviewed the documents submitted by the provider with the application for registration of the centre. The inspection was facilitated by the person in charge and the team leader. The inspector reviewed
records including policies and procedures, the support plan, staff related records, fire, and health and safety related records.

The inspector also met with the resident who was to live in the centre once it was registered by HIQA. The resident effectively communicated (non-verbally) to the inspector their views on the proposed move in the manner in which they reacted to the inspector, to staff and to the new environment.

Description of the service:
This was a new centre that had been sourced by the provider for a particular resident. Full-time residential services were to be provided. The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall judgment of our findings:
The inspection findings were satisfactory. The inspector was satisfied that there was sound staff knowledge of and systems in place to ensure regulatory compliance once the centre was operational. There was clear and corroborated evidence from staff that this transition was planned to promote positive outcomes for the resident. Staff known to and currently providing supports to and with the resident were relocating to the centre with the resident.
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:
Staff described the augmentative communication tools that they utilised to ensure that the resident was consulted with and participated in decisions pertaining to their daily routine and the supports and services provided. In consultation with the resident staff devised a weekly planner.

Staff had ascertained the resident’s religious preferences and confirmed that these were supported. These preferences were incorporated into the support plan as was the resident’s right to change these expressed preferences.

Staff said that the resident had strong personal support’s who always advocated in their best interest. The person in charge said that general discussions were taking place as to how access in general to advocacy services could be enhanced for residents in general perhaps through the day service.

There were policies and procedures for the receipt and management of complaints. The person in charge said that a complaints log would be maintained once the centre was operational.

Staff described and the inspector saw systems for the safeguarding of residents personal finances. Where staff provided support records were maintained of all transactions, the purpose for which monies were used and supporting receipts. These records were reviewed and reconciled on a regular basis by the team leader.
**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:**
Staff spoken with were fully aware of resident’s communication needs and skills. Staff spoken with articulated a broad understanding of communication and communication ability other than solely verbal communication.

The inspector saw a detailed person-centred communication plan that embraced comprehension as well as expressive ability. The plan detailed for staff cues and signs exhibited and their significance not only in relation to choices but also their relevance to a residents physical and emotional well-being.

Staff utilised visual prompts, visual schedules and social stories but also sought to maintain and develop verbal communication ability.

The inspector observed effective staff/resident communication.

**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:**
Staff said and there was documentary evidence that residents were supported to maintain family and personal relationships. Staff in consultation with family supported
residents to enjoy regular home visits and there were no reported unreasonable restrictions on visits. Responsible family members were involved in the resident’s personal planning process.

Staff said and there was documentary evidence of social outings and holidays with friends and peers.

The inspector saw from records seen that staff supported the resident to access local amenities such as shops, restaurants, pubs and recreational facilities. Following relocation staff had plans for supporting the resident to develop new links while also retaining the resident’s links with their current community.

**Judgment:**
Compliant

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**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:**
There were policies and procedures governing admission to the centre. It was evident that the admission process had considered the needs and wishes of the resident.

The resident had been provided with an updated contract for the provision of services and supports. This required further review however as it did not fully reflect what was included in the basic fee (for example utilities) and the contributions that the resident was personally liable for.

**Judgment:**
Substantially Compliant

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**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:
A plan of support was in place based on a current assessment of the resident’s holistic needs completed by the person in charge.

The plan was the subject of review.

The plan incorporated the process for establishing and realising the residents personal goals and objectives; the personal planning process. There was evidence of resident, day service and residential staff, and family involvement in this process. A record of the personal planning meeting was maintained in both narrative and visual format so that it was accessible and meaningful to the resident.

Records were maintained by staff of the progression and achievement of personal goals; actions, responsible persons and timeframes were identified. The goals were clearly linked to the outcome of the personal planning meeting.

Resident consultation in their personal plan was facilitated through key-worker meetings.

A transition plan was in place to support safe and successful transition between centres.

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 premises was of relatively recent construction and provided a high standard of accommodation; it was located in close proximity to all of the local amenities in a pleasant, well maintained, secure gated development.

The inspector was satisfied that the premises satisfied regulatory requirements and were suited to its stated purpose.

All accommodation was provided at ground floor level and designed for universal accessibility. Accommodation consisted of an entrance lobby and hallway with storage, fully fitted kitchen, combined communal and dining space, one main bedroom, a second bedroom that had been converted into a staff office/staff sleepover room and one main bathroom with toilet, wash-hand basin and fully accessible shower.

The premises offered sufficient space and ready access to a pleasant outdoor area.

Equipment was in place for the completion of personal laundry.

The premises were in good order and were in the process of being furnished and personalised by the resident and staff to the resident’s choosing.

**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 saw a current safety statement and risk management policy. The safety statement included the procedures for the identification and assessment of risks and the recording, reporting and investigation of accidents, incidents and adverse events.

The inspector reviewed the risk management folder; this included a broad range of generic risk assessments and the risks as specifically required by Regulation 26 (1) (c). Resident specific risk assessments were incorporated into the personal/support plan. The person in charge confirmed that the identification of hazards and assessment of risks was still under review and would require further amendment once the centre was operational.
There was a centre specific business continuity plan that set out for staff the actions to be taken in defined emergency situations; the plan included alternative accommodation for residents if required.

Prior to the inspection the provider had submitted to HIQA documentary confirmation that the premises was in substantial compliance with statutory fire safety requirements.

An automated fire detection system, emergency lighting and fire fighting equipment were in place. Fire related records were maintained in the fire fact file. The inspector saw a certificate confirming that the fire detection system was inspected and tested at the prescribed intervals and most recently in April and July 2016; the fire fighting equipment and the emergency lighting were serviced in September 2016.

There were procedures in place for the monitoring of fire safety measures by staff once the centre was operational. There was documentary evidence that the resident participated in simulated evacuation drills in their current location; there were no identified evacuation challenges. The resident had a personal emergency evacuation plan (PEEP) that the person in charge said would be reviewed again once the centre was operational.

Judgment:
Compliant

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:
There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, designated persons, risk assessments and staff training.

Residents had a personal/intimate care support plan that outlined the supports required from staff and the measures to ensure resident privacy and safeguarding.
There were no reported behaviours that challenged or posed a risk to others; there were no reported restrictive practices. Based on the records seen by the inspector over the course of the inspection there was no evidence to the contrary. For example there was no requirement for and no prescribed regular or p.r.n (as required) medication as an adjunct to the management of behaviour.

Training records indicated that proposed staff had received training in safeguarding and in the management of behaviours that challenged.

**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 had sound knowledge of her responsibility to submit required notifications to the Chief Inspector. The person in charge took responsibility for the submission of notifications from the centre once it was operational.

**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:
In consultation with the resident staff compiled a weekly planner of activities. Monday to Friday the resident attended the local day service. The resident’s personal goals and objectives were agreed at the review of the personal plan and activities that the resident participated in reflected this review. These activities included horse-riding, swimming, learning life-skills, computer skills, visits to the library, social outings with staff and peers, day trips and holidays. Staff spoken with articulated commitment to the resident’s ongoing learning and development and integration into the local community. Agreed goals and activities reflected the resident’s skills and interests such as train travel, music and attending music festivals.

The inspector saw staff to encourage and support resident independence; relevant risk assessments that supported safety and success were 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):
This was the centre’s first inspection by the Authority.

Findings:
Staff said that the resident enjoyed good health but had access to medical review as necessary; there was documentary evidence that staff did support access to the General Practitioner (GP) as required.

Staff said that there was no requirement for, and there was no evidence to indicate a current need for multi-disciplinary input.

Healthcare support plans were in place where there was an established healthcare need.

Judgment:
Compliant
**Outcome 12. Medication Management**  
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

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

**Findings:**  
There were policies and procedures governing the management of medicines.

Medicines were supplied by a community pharmacy. Medicines were seen to be supplied on an individual resident basis and secure storage was in place.

The inspector saw a current signed and dated prescription and a corresponding administration record, a medication plan and protocol for the administration of p.r.n (a medicine only taken as the need arises) medicines. The maximum daily dosage of p.r.n medicines was stated. The person in charge had identified the need to review and confirm the ongoing requirement for all of the p.r.n topical products prescribed.

Staff had received medicines management training and their competency had been assessed.

There were further systems for safeguarding medicines; these including daily stock balance checks, records of all medicines received and signed verified records of any unused or unwanted medicines returned to the pharmacist.

**Judgment:**  
Compliant

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**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 statement of purpose contained all of the information required by Schedule 1 and was an accurate reflection of the services and supports to be provided.

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:
There was a clear management structure; the team leader who was also the PPIM (Person Participating in Management) reported to the person in charge who in turn reported to the regional manager. Staff were clear on the management structure and their respective roles, responsibilities and reporting relationships.

The person in charge was appointed to that role in November 2015. The person in charge was suitably qualified in the provision of social care services and management, was employed full-time and had established experience in the provision of supports to residents and in the supervision of staff having previously worked as a team leader.

The person in charge demonstrated a sound understanding of the regulations and her regulatory responsibilities, demonstrated learning from previous inspections and how that learning transferred to other centres. The person in articulated a commitment to achieving positive outcomes with and for residents.

On registration of this centre the person in charge had responsibility for four designated centres. The person in charge while acknowledging the challenges in this was confident that she had the capacity and the support required to ensure the effective governance and operational management of each of these designated centres. The person in charge was supported in each centre by a team leader.

The team leader confirmed that he had access as required to the person in charge. The team leader was active in that role since 2014 in another centre, held relevant qualifications in social care and nursing studies and had undertaken further studies in
positive behaviour support. The team leader had ready knowledge of the resident and the supports to be provided and a good understanding of the operational management of a designated centre.

The person in charge confirmed that she had access as required to the regional manager and opportunities for discussion, learning and peer support were facilitated through structured regional management meetings.

Staff confirmed that there was an on call out of hour’s manager available within the wider organisation and the rota was readily available to staff. Support and advice was also available from other designated centres in the area.

The person in charge said that within a short time-frame of the registration of the centre arrangements would be put in place for the completion of the annual review and unannounced visits to the centre as required by Regulation 23 (1) and (2).

However, evidence that the designated centre complied with the relevant planning and development acts and any building bye-laws had not been submitted with the application for registration.

Judgment: Substantially 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 and has exercised its notification responsibilities in relation to any change to or absence of persons in charge. There were suitable arrangements in place (the PPIM) for the management and oversight of the service in the absence of the person in charge. The person in charge confirmed that she had not been absent for any period of time that required notification to HIQA, that is greater than 28 days.

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 inspection findings indicated that the centre was and would be adequately resourced to ensure the provision of the required supports and services. The person in charge confirmed this.

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:
The transition plan included the agreed staff to resident support ratio and the staffing arrangements based on the resident’s assessed needs. The person in charge confirmed that the agreed ratio was one-to-one support at all times and a “sleepover” night staff arrangement. All staff spoken with and who had knowledge and experience of supporting the resident agreed that these staffing arrangements were adequate. The person in charge confirmed that staffing levels and arrangements would be reviewed if necessary.

Staff were in post and were known to the resident. Staff files were available for the purpose of inspection. The sample reviewed was well presented and contained all of the information required by Schedule 2.
From the staff records the inspector saw that many staff had completed relevant or transferable education and training in social care, disability studies and the management of behaviours.

General staff training records had been amended based on previous inspection findings to ease the retrieval of accurate information as to training completed by each staff member. From these records the inspector saw that staff had completed mandatory training in safeguarding, fire safety, manual handling and responding to behaviours that challenged; required refresher training was scheduled. Staff had also completed medication management training, first aid, workplace health and safety and food safety.

There was a structured formal process for supporting and supervising all grades of staff; the person in charge confirmed that this would be implemented in the centre.

**Judgment:**
Compliant

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**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 centre was not operational, however, the inspector was satisfied that the records listed in schedule 6 of the regulations either were in place or would be in place.

The person in charge had secured a suite of the policies required by Schedule 5.

There was documentary evidence that the provider had the required liability insurance 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:

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

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<td>13 October 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 contract did not fully reflect what was included in the basic fee (for example utilities) and the contributions that the resident was personally liable for.

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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:**
The service agreement has been updated to reflect the fees that will be paid by the HSE and what the resident will be responsible for.

**Proposed Timescale:** 20/10/2016

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Evidence that the designated centre complied with the relevant planning and development acts and any building bye-laws had not been submitted.

2. **Action Required:**
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to:
Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The relevant signed planning document has been sent to HIQA. Receipt has been confirmed.

**Proposed Timescale:** 16/11/2016