<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Silver Birch Services</th>
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<tr>
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<td>OSV-0001480</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Frances Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ivan Cormican</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 04 January 2017 09:00
To: 04 January 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<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 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</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 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

Background to the inspection:
This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 19 November 2014. As part of this inspection, the inspector reviewed the 16 actions the provider had undertaken since the previous inspection. The inspector found that 14 actions had been addressed in line with the provider's response. Two of the actions had not been addressed and remained non-compliant on this inspection.

How we gathered our evidence:
As part of the inspection, the inspector met with two residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents’ bedrooms were individually decorated with personal effects such as art, photographs and posters of sports teams. The inspector also spoke with 5 staff members, including the area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also
Description of the service:
The designated centre comprised of a two story house that can accommodate up to five residents who have intellectual disabilities. On the day of inspection, two residents were availing of a service. Each resident had their own bedroom which was decorated to reflect their interests. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located in a suburban neighbourhood of a large city, where public transport such as trains, buses and taxis were available. Suitable transport was also available to residents who wished to access the community. The centre was also within walking distance of local shops, hotels and swimming pools.

Overall judgement of our findings:
The findings of this inspection included compliance with the regulations under several outcomes including residents rights dignity and consultation, healthcare needs and workforce. However, the inspector also found that improvements were required in relation to outcomes including social care needs, premises, risk management and medications. The inspector noted that significant improvements were required in relation to safeguarding and governance and management.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
On the day of inspection, the inspector found that each resident’s rights and dignity was respected. The inspector also found that residents were actively involved in the running of the designated centre. The actions from the previous action plan were addressed with a revised complaints procedure now in place. The provider had also fitted blinds to a resident’s bedroom and sensitive files were securely stored.

The inspector met with two residents on the day of inspection. Each resident appeared happy and relaxed throughout the inspection. Residents interacted warmly with staff who in turn spoke to residents in a caring and respectful manner.

Residents were consulted on a daily and weekly basis in regards to the running of the designated centre. Residents decided on a daily basis what activities they would like to participate in. Residents were also consulted weekly on choice of meals and participated in displaying the staff roster in a picture format.

The centre had an easy read complaints procedure which was on display for residents, families and visitors. The complaints procedure was also formatted to include pictures to represent the complaints process. Detailed records of complaints were maintained within the centre with all complaints dealt with in a prompt manner. Staff spoken with on the day of inspection had a clear understanding of the complaints process. Advocacy was also available for residents within the centre.

Each resident had a detailed intimate care plan which was regularly reviewed and reflected the assessed needs of residents in terms of personal care. The plans
highlighted areas of independence and if necessary the level of assistance a resident may require.

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

**Findings:**
On the day of inspection, the inspector found that residents had written agreements in place which described the care and support to be provided. The actions from the previous inspection had been addressed with the written agreements now including the fees payable for health checks. The policy for staff supporting residents on activities were also included.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a good standard of care and support. Each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences. However, personal plans were not reviewed on an annual basis as stated in the action plan which was generated following the previous monitoring inspection.

Residents utilised local services such as hotels, public houses, shops and swimming pools regularly. Residents were consulted on a daily basis in regards to their preferred choice of activity. A detailed record of these activities was maintained in residents' care notes. The inspector also noted that residents were supported to plan a weekly schedule of events, which incorporated their personal interests such as supporting their favourite sporting teams.

Both residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed both personal plans and found they reflected the assessed needs of the residents. Each plan contained details such as, family and friends, social interests, intimate care plans, healthcare needs and risk assessments plans. Residents had good family contact with all plans viewed containing family pictures and a log of family contact which was well maintained. Residents were also supported by staff, where necessary, to attend family events.

The inspector reviewed the documented personal goals for residents. These goals had been formulated through circle of support meetings which involved the resident, their family members, key workers and staff from the designated centre. Long term goals, such as trips abroad and attending sporting events, were agreed at these support meetings. Residents also had also identified short term goals such as road safety awareness, hotel breaks and having a volunteer. However, the inspector found that some of the residents' personal goals were not supported by relevant action plans and that a review of personal goals which was due to be carried out in January 2016 had not occurred. The inspector observed that this negatively impacted on residents achieving their chosen goals.

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

**Findings:**
On the day of inspection, the inspector found that the premises met the assessed needs of residents. The actions from the previous inspection had been addressed with a comprehensive cleaning schedule available. The premises was clean, warm and comfortably furnished. Storage space for residents' files had been relocated and the use of the work studio for residents had been agreed. However, improvements were required in relation to the maintenance and decoration of the centre.

The centre had a open plan dining and sitting room and a small kitchen. Each resident had a large bedroom which was personalised to reflect their interests. The centre also had a separate work studio for residents to engage in their personal interests such as arts and crafts. There were an adequate amount of shared bathrooms and one bedroom which was en-suite. One room had been recently altered to support a resident to have their own sitting room. The inspector also found that the home heating system was regularly serviced.

The inspector noted that improvements were required in relation to general maintenance within the centre. Flaking paint in a downstairs bathroom and gaps around electrical switches were observed. The lights in one of the sitting rooms were not working. These areas for improvement were brought to the attention of the area manager on the day of inspection.

**Judgment:**
Non Compliant - Moderate

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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:**
On the day of inspection, the inspector found that the health and safety of residents, staff and visitors were promoted within the designated centre. The risk of scalding had been addressed following the previous monitoring inspection, however, the inspector found that there continued to be a risk from external hazards on the grounds of the property. This had been highlighted on the previous inspection.

The risk management policy was reviewed by inspectors. The risk management policy identified the procedures for the identification and management of risk in the centre.
Residents had individual risk assessments in place, each risk was accurately described, with an appropriate risk rating and subsequent control measures in place. There was a safety statement and risk register which set out the risks in the centre and the associated control measures. However, the inspector found that not all risk assessments were reviewed in accordance within the required timelines as stated on the centre's risk register. The inspector also found that a safeguarding issue which was identified as requiring escalation to the centre's risk register had failed to be carried out.

The inspector found that the provider had failed to adequately respond to trip hazards as detailed in the previous report. The exterior of the building continued to have an excessive accumulation of leaves, small branches and debris which posed a significant trip hazard. Paving was loose and uneven in some areas and exposed wiring was found in the garden and on steps leading into the premises. These hazards were brought to the attention of the area manager on the day of inspection.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for the prevention and detection of fire. Regular fire drills were carried out and documented. The inspectors reviewed the maintenance and servicing records for the alarm and fire equipment and found that they had been serviced as required. The centre also had fire doors fitted throughout the building.

There were Personal Emergency Egress Plans (PEEPs) in place for residents, each of which detailed their individual emergency plan. The inspector noted that pictorial information on the evacuation procedure was readily available for residents. However, the inspector found that the centre had no visible assembly point signage to indicate to residents and staff where to gather in the event of a fire. Staff spoken with stated that they would gather on the driveway in the event of a fire. The inspector noted that no lighting was available to guide residents and staff to this point during the hours of darkness. The inspector also noted that this assembly point differed from the assembly point on the displayed evacuation plan.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency. The inspector noted that this document required review as it listed residents who were no longer residing in the centre. A short term contingency plan was also in place in the event of a loss of heating, water, lighting and electricity.

**Judgment:**  
Non Compliant - Moderate

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

**Findings:**
On the day of inspection, the inspector found that the designated centre had measures in place for the prevention, detection and response to alleged abuse. However, the inspector found the provider had failed to adequately respond to a safeguarding issue which was occurring in the designated centre. This was brought to the attention of the provider and area manager on the day of inspection. Subsequent to the inspection the provider submitted an action plan in response to the highlighted safeguarding issue. This will not be further discussed within this outcome to protect the identity of residents.

The inspector found that staff interacted with residents in a warm and caring manner. Staff interviewed on the day of inspection had a good knowledge of recognising and responding to alleged abuse. The designated centre had a designated officer to manage and respond to allegations of abuse and staff were aware of the organisational reporting procedures. The centre also had a policy on safeguarding, providing intimate care and the use of restrictive practices.

The inspector found that staff were trained in the response to challenging behaviour and that behavioural support plans were in use within the centre. Staff spoke clearly in relation to the behavioural support needs of residents and had detailed knowledge in regards to residents’ behavioural cues, triggers and supportive strategies following an incident of behaviours that challenge. The inspector also noted that safeguarding plans used within the centre were recently revised. However, the inspector found that a behavioural support plan for one resident had not been up-dated to reflect their changing needs. The inspector noted that staff within the centre had referred this to the behavioural support specialist.

**Judgment:**
Non Compliant - Major

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

**Findings:**
On the day of inspection, the inspector found that residents were supported to have the best possible health. However, the annual health review for one resident had not taken place within the documented timeline. The actions from the previous inspection had been addressed with regular weight checks now occurring in the centre.

The inspector found that residents had access to allied health professionals such as dieticians, chiropodists and opticians. Referrals had also been sent to occupational therapists for sensory assessments for residents. Residents were also regularly reviewed by the psychiatric services. However, the inspector found that a resident had not received their annual health review as stated in their personal plan.

**Judgment:**
Substantially Compliant

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

**Findings:**
On the day of inspection, the inspector found that the designated centre had procedures and policies in place for the ordering, prescribing, storing and administration of medications to residents. However, the inspector found that improvements were required in relation to the prescribing of regular and as required medication.

The inspector reviewed a sample of medication administration recording sheets and prescription sheets. The prescription sheets were found to have conflicting information in regards to one regular medication which was stated to be given when required. One as required medication on the same prescription sheet had two separate dosages and frequencies of administration. This medication was also supported by a specific as required medication protocol which was recently discontinued. Staff indicated that these as required medications were no longer administered.

Staff interviewed on the day of inspection had good understanding to the procedure to be followed in the event of a drug error. Staff had received training in the safe
administration of medications. However, staff interviewed stated that they use the medication administration sheet and not the prescription sheet from the general practitioner to instruct them in the administration of medication.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
On the day of inspection, the designated centre had management systems in place to oversee the quality of care provided to residents.

The designated centre had a full time person in charge who was supported by an area manager. The provider had carried regular six monthly audits on the safety and quality of care of support provider in the centre. Each audit had generated an action plan which management of the centre were in the process of addressing. The last six monthly audit had focused on three outcomes including safeguarding. This audit had highlighted safeguarding issues which the provider was working towards resolving. The provider had made positive changes for some residents in relation to these safeguarding issues. The person in charge and management team were also actively seeking to resolve the safeguarding issues through crisis intervention planning, multi-disciplinary team reviews and by planning more individualised accommodation for residents.

The person in charge was carrying out regular audits of residents finances, medications and accidents and incidents. Team meetings were held on a monthly basis. The annual review had also been carried out and an action plan generated to address any failings which were identified.

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

**Findings:**
On the day of inspection, the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. However, improvements were required in relation to staff supervision and the staff rota.

The inspector reviewed the staff training records and found that staff were up-to-date with training needs. Staff interviewed on the day of inspection had good knowledge of the residents' needs. Staff were observed to interact with residents in a positive and warm manner.

Staff interviewed on the day of inspection said they felt supported by the management structure and could go to the person in charge if they required assistance. However, staff also indicated that they did not receive formal supervision.

There was a planned rota which the inspector reviewed and found to be accurate. However, the rota did not include which staff would cover the sleep-over for the centre.

**Judgment:**
Non Compliant - Moderate

**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:**
Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>04 January 2017</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 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 provider failed to ensure that all aspects of residents' personal plans were reviewed on an annual basis.

1. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
All person centred plans have since been reviewed and a schedule is in place. Completed.

**Proposed Timescale:** 20/01/2017

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that effective actions plans were generated to facilitate residents to achieve their chosen goals.

**2. 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:**
Action plans for each person’s goals are in place. Completed.

**Proposed Timescale:** 20/01/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that the premises was kept in a good state of repair.

**3. Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
Maintenance issues have been reviewed and a schedule of works is in progress.

**Proposed Timescale:** 03/02/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**
The following respect:
The provider failed to ensure that a bathroom was suitably decorated.

4. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
Maintenance issues have been reviewed and the bathroom has been suitably decorated. Completed

Proposed Timescale: 26/01/2017

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 provider failed to ensure that the exterior of the building was free from hazards such as
- excessive accumulation of leaves, small branches and debris
- loose and exposed wiring
- uneven and loose paving

5. 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:
Maintenance issues have been reviewed and a schedule of works is in progress. All loose and exposed wiring has been addressed and amended by a qualified electrician. The accumulation of leaves, small branches and debris has been removed.

Proposed Timescale: 03/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the area leading to and including the assembly point had adequate lighting.

6. 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:**
Assembly point is in place with adequate lighting.
Completed.

**Proposed Timescale:** 05/01/2017  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that assembly point signage was available.

7. **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:**
Assembly point signage in place.
Completed.

**Proposed Timescale:** 05/01/2017  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the centre emergency egress plan was up-dated to reflect current residents. The provider also failed to ensure that displayed evacuation procedure clearly indicated the assembly point in the event of an emergency.

8. **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:**
Centre Emergency Evacuation Plan has been updated.  
Assembly point signage is in place.  
Completed

**Proposed Timescale:** 05/01/2017

**Outcome 08: Safeguarding and Safety**
**Theme: Safe Services**

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that staff were supported by up-to-date behavioural support plans which reflected the changing needs of residents.

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

Please state the actions you have taken or are planning to take:
Behaviour Support plans are in place to support staff in managing the changing needs of residents.
Completed.

**Proposed Timescale:** 11/01/2017

**Theme: Safe Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that residents were free from all forms of abuse.

**10. Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The safeguarding plans have been reviewed and updated and agreed by the HSE Safeguarding team.
An action plan was submitted to HIQA on the 5th January outlining an action plan to ensure safeguarding and all actions there-in have been completed.
Completed.

**Proposed Timescale:** 05/01/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that a resident had their annual health review.

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

Please state the actions you have taken or are planning to take:
The resident has had continuous intervention from Specialist Services and his G.P for the management of a current condition. It is envisaged that following further stabilisation of his condition, a comprehensive health check will be scheduled.

**Proposed Timescale:** 01/03/2017

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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:
The provider failed to ensure that appropriate prescription sheets were maintained within the designated centre. The provider also failed to ensure that staff followed best practice in relation to the administration of medications.

12. **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:
Appropriate prescription sheets are now in place in the designated centre. A medication audit has taken place in-house and a peer audit has taken place. The PIC has reviewed with the staff team best practice in relation to the administration of medication in line with the organisation’s Policy and Procedure. A review of best practice will be further addressed at the staff team meeting.

**Proposed Timescale:** 30/01/2017

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the rota included the staff member who will cover the sleep-over.

13. **Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.
Please state the actions you have taken or are planning to take:
The rota has been updated to reflect who will cover the sleep-over.
Completed

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that staff received formal supervision.

14. **Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
An annual schedule for regular completion of formal supervision with all staff has commenced.
Completed.

| Proposed Timescale: 09/01/2017 |