<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ballywaltrim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002877</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Wicklow</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Naoise Hughes</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 12 July 2017 11:00  
To: 12 July 2017 19:30

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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
<td></td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
<td></td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
<td></td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
<td></td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
<td></td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
<td></td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
<td></td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
<td></td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

Background to the inspection:
This was the third inspection of the centre. The last inspection was conducted in April 2016 following an application by the provider to register the centre under the Health Act 2007. At this time, failings were identified across a number of regulations. This inspection was conducted to ensure the provider was taking the appropriate action to address the failings.

How we gathered our evidence:
As part of this inspection, the inspector met six residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:
The designated centre consists of two houses located in Co. Wicklow. Services were provided to male and female residents over the age of 18. The centre is operated by
Overall findings:
The findings of this inspection demonstrated that improvement had occurred in the practice of the centre. Staff were observed to engage with residents in a respectful and dignified manner. Staff demonstrated that they knew the needs of residents. Both houses were homely and residents were supported to take part in activities in line with their interests and capabilities. However, the inspector found that one of the two houses did not meet the assessed needs of residents. Personal planning and risk management also did not meet the requirements of the regulations.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The designated centre had policies and procedures in place for the receipt and management of complaints. The complaints procedure was displayed in a prominent location in the centre. Families had also been notified in writing of the procedure. Staff were aware of the procedure to be followed and had supported residents to make a complaint. The inspector reviewed an active complaint and found that it was being addressed in line with policy.

The inspector observed staff to engage with residents in dignified and respectful manner. Each of the residents had their own bedroom which enabled personal activities to be undertaken in private. Privacy locks had been installed in relevant locations to promote residents’ privacy. Residents’ personal documentation was stored in a secure location. Residents’ meetings took place at regular intervals as a forum for consultation.

There were systems in place for the management of residents’ personal finances. Personal plans identified the supports residents required to manage their finances. Each of the residents had their own bank account and appropriate measures were in place to promote autonomy and safety. However, the inspector identified instances in which residents had paid for items which were due to be provided by the centre such as curtains, curtain poles, beds and bedside locker. The provider informed the inspector that there were currently reviews occurring of residents’ personal property and any anomalies would be refunded.

Residents were supported to take part in activities in line with their interest and
capabilities. There was additional staffing in place at weekends to facilitate residents to take part in activities in the wider community.

**Judgment:**
Non Compliant - Moderate

---

**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:**
There were policies and procedures in place for admissions to the centre. There had been no new admissions to the centre since the last inspection.

Each of the residents had a written agreement in place which outlined the terms and conditions in which they would reside in the centre and the supports that they would receive. The agreement had been signed by the resident and/or their representative. The fees to be paid 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
Findings:
The majority of the residents attended a formal day service and there was also an active retirement programme in the centre. Residents were also supported to take part in a variety of activities in the centre such as art and crafts, knitting and relaxation programmes. However, the inspector found that improvements were required to ensure that the personal plans consistently identified the supports residents required to maximise their personal development. Annual reviews also did not identify the effectiveness of previous plans.

Residents had an assessment completed of their individual health and social care needs. Following on from this healthcare plans were developed or annual social goals identified. Overall, the quality and effectiveness of the personal plans varied. In some instances, the plans clearly identified the supports residents required. However, in other instances, it was challenging to navigate the information contained in the plans and the specific supports residents required.

The organisation was evolving their personal planning system to better meet the social care needs of residents. The inspector found that some of the goals were short term activities and did not promote the maximum development of residents. Examples of goals were jewellery making, going to a Jacuzzi or going on holiday. In other instances goals promoted skill building such as learning to wash hands. Staff were very familiar of the needs of residents and told the inspector of their wishes and aspirations for residents. This was not consistently evident in the personal plans of residents.

The inspector found if the goal could no longer be achieved, the plan was not reviewed to identify a new goal. There was also an absence of review of the previous plan.

Residents and their families were involved in the personal planning process.

Residents had been referred and assessed by allied health professionals. The recommendations of allied health professionals, particularly speech and language therapy, were implemented in practice.

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

Findings:
The inspector found that while the centres were clean and suitably decorated, the size and layout of one of the houses did not meet the needs of residents living there. The communal space available also did not meet the assessed needs of residents. This resulted in instances in which some residents had to be removed from communal areas or the house due to the behaviour of others. In order to protect the anonymity of residents, further detail has been omitted form this report but was provided during feedback.

The centre consisted of two houses. The first house was a four bedroom house, three residents’ bedrooms and a sleepover room-office for staff. There was also a shower room and second toilet, utility room and open plan kitchen/living/dining room. The inspector observed the centre to be clean and maintained to an acceptable standard. The residents living there stated that they liked their home.

The second house was a three bedroom house, one of which was en suite. There was also a communal shower room, utility room, kitchen/dining room and separate sitting room. The house was observed to be homely and personalised to the residents living there. However, some areas were not maintained to a suitable standard. This included paintwork which was considerably marked/chipped.

Both houses had adequate external grounds which were well maintained. There were also appropriate facilities for the disposal of waste.

Judgment:
Non Compliant - Major

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:
There were systems in place for the assessment and management of risks. This included a safety statement and a risk management policy. There was a risk register in place which identified the clinical, operational and environmental risks in the centre. Control measures had been identified. Improvements were required to ensure that the systems
were effectively used to identify the actual level of risk in place. Therefore ensuring all appropriate control measures had been identified.

The inspector reviewed an incident which had occurred in the centre. The assessment in place for the associated risk did not identify the actual level of risk which was present to relevant stakeholders. Therefore the control measures did not sufficiently demonstrate that all measures had been considered to reduce the reoccurrence of a similar incident.

Furthermore, the overall assessment of risk in the centre did not adequately reflect the circumstances within the centre, particularly in relation to the incompatibility of the residents living together.

There were systems in place for the prevention and management of fire. This included a fire alarm, fire extinguishers and emergency lighting. Records demonstrated that they were serviced at regular intervals. There were procedures in place to be followed in the event of a fire and staff were familiar with them. Staff had also received training in fire safety. Fire drills had been conducted and evidenced that residents could be evacuated to a place of safety within an appropriate timeframe. Measures were in place for the containment of fire. However, the inspector observed them to be compromised as fire doors were left open in areas such as the utility room and the inspector observed another door to be wedged open.

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

**Findings:**
There were policies and procedures in place for the prevention and response to abuse. Staff were familiar with what constitutes abuse and the procedures to be followed. This was also evidence by the safeguarding records. The inspector found that any suspicions or allegations had been responded to.

Intimate care plans had been developed which guided practice.
Positive behaviour support had been provided when required. Allied health professionals were actively involved in supporting residents. Positive behaviour support plans had been developed for residents. The inspector found that the centre promoted a restraint free environment. In instances where restrictive practice was used it was regularly reviewed. Staff had received training in positive behaviour support. The inspector observed staff to implement positive behaviour support in line with personal plans.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 09: Notification of Incidents</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Safe Services

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

**Findings:**
HIQA had received notifications of incidents as required by regulation 31. However, not all allegations and suspicions of abuse which had been reported to the designated officer had been reported to HIQA.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Residents are supported on an individual basis to achieve and enjoy the best possible health.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Health and Development

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

**Findings:**
Residents were supported to attend healthcare professionals such as their General Practitioner (GP) if a need arose. They were also supported to attend appointments with
a wide range of health professionals including dentists and chiropodists. However, the inspector found that the quality of healthcare plans varied. Records also did not demonstrate that the appropriate supports had been consistently provided in respect of diabetes care.

In some instances, the healthcare plans of residents clearly identified the supports they required. For example, care plans for epilepsy identified proactive and reactive strategies. However, in other instances the plans of care did not provide sufficient information. Furthermore, there were instances in which interventions such as regular blood sugar monitoring were not consistently occurring. There was also no record of the actions taken if an abnormality was detected.

Appropriate supports were provided if a resident became unwell.

Residents required support to meet their nutritional needs. This was provided and informed by the appropriate assessments by an allied health professional. Staff knew residents’ individual requirements.

The inspector observed a mealtime in the house and found that it was a social experience. A resident told the inspector that they liked the food. Various communication aids were used to identify residents’ food choices.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Health and Development

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

**Findings:**
There were policies and procedures in place for the administration and storage of medication. Staff had received training in the safe administration of medication. Appropriate action was taken if a medication error occurred. Medication was stored in a secure location.

A review of a sample of prescription and administration records demonstrated that they contained all of the information as required. The signature of the prescriber was present for each individual medication and for discontinued medication. The times medication was administration matched the times prescribed. The inspector observed staff administering medication and found appropriate practices were in place. There was also
a space for staff to record comments available on the administration sheets.

There was guidance in place for PRN medication (medicines as required) and the maximum dosage to be administered in a 24 hour period was stated on the prescription sheets.

There was a system in place for the receipt and disposal of medication.

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):

Findings:
The inspector determined that the provider had implemented systems to monitor the quality and safety of the service provided.

There had been a change to the person in charge since the last inspection. They were appointed in August 2016 and interviewed in October 2016 by HIQA. At that time, they were found to meet the requirements of the regulations and have satisfactory knowledge of their statutory responsibility. They were present on the day of inspection and demonstrated that they were familiar with the operation of the centre and the needs of the residents. There was a nursing manager who was the frontline manager of the centre. They reported to the person in charge. The person in charge reported to the program manager, who in turn reported to the regional director. Both were persons participating in management of the centre under the Health Act 2007.

The provider had recently implemented a new system of auditing. The inspector reviewed a sample of audits and found that they adequately reviewed the care and support provided to residents. Actions arising from audits were addressed or in the process of being addressed on the day of inspection.

Unannounced visits were also occurring in the centre at six monthly intervals. The most recent visit was the week prior to this inspection. A report was generated. The
unannounced visits also monitored actions which were generated from previous visits. There had been no annual review of the quality and safety of care completed since the last inspection in April 2016.

**Judgment:**
Substantially Compliant

---

**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

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

**Findings:**
Inspector found that staff present during the inspection was knowledgeable of the needs of the residents. The residents were observed to be comfortable in the presence of staff and familiar with staff. Residents were also familiar with who their key worker was. The inspector confirmed that there was a planned and actual roster available in the centre. The staffing levels in the centre were consistent and in line with the needs of the residents.

Staff had received mandatory training such as manual handling. The social care leader was supernumerary and based in the centre. This was a forum for supervision of staff.

The inspector did not review staff files on this inspection.

The centre had a volunteer. The inspector reviewed the information held on the volunteer and found that it was in line with the regulations.

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

**Findings:**
The inspector found that records to be maintained in respect of residents as required by Schedule 3 were available in the centre. Additional records as required by Schedule 4 were also available. The policies and procedures as required by Schedule 5 were also available.

**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:**
Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents had paid for items which should have been provided by the centre.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably
practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
- An audit of the resident's finances will take place in the centre.
- The cost of any items bought by residents that should have been provided by the service will be reimbursed.
- All items that are personally owned by the residents will be noted on the residents inventory.
- Financial decisions will be recorded with Circle of Support involvement.

**Proposed Timescale:** 31/10/2017

<table>
<thead>
<tr>
<th><strong>Outcome 05: Social Care Needs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans did not consistently identify the supports residents required to ensure that they could maximize their potential.

**2. Action Required:**
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

**Please state the actions you have taken or are planning to take:**
- Residents goals will be reviewed in line with the residents preferences.
- A Person directed planning programme is taking place over the coming year throughout the service that will be shared across that Designated Centre.

**Proposed Timescale:** 31/12/2017

| **Theme:** Effective Services |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans were not consistently reviewed following a change in need.

**3. 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:**
• An audit of personal plans will take place by the Supervisor.
• A consistent approach for maintaining personal plans will be adopted to ensure assessed needs are met across the centre.
• An annual review will take place to evaluate effectiveness for the plans for the residents.

**Proposed Timescale:** 31/12/2017

---

### 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 premises of one house did not meet the assessed needs of residents.

4. **Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
• The premises will be adapted to come in line with regulation 17.
• The existing main bathroom will be enlarged to allow for adequate personal care facilities to be provided to the residents.
• The kitchen and dining area will be extended to allow for a larger dining area and second communal living space for residents.

**Proposed Timescale:** 31/08/2017

---

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas of the paintwork was considerably marked and chipped in one of the houses.

5. **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:
• The house will be fully re-painted as part of the renovations outlined above.

**Proposed Timescale:** 31/08/2017
| **Theme:** Effective Services |
| **Proposed Timescale:** 31/12/2017 |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The systems in place for the assessment and management of risk were not implemented effectively.

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

**Please state the actions you have taken or are planning to take:**
• Risk Assessments in the Designated Centre will be reviewed in an effort to reduce the number of risks in the centre.
• The Risk Assessments will be reviewed to ensure that all the control measures that are in place are documented.
• Relevant Risk Assessments will be reviewed following specific incidents as part of the Team Meeting and form part of the incident review process.

| **Proposed Timescale:** 12/07/2017 |
| **Theme:** Effective Services |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector observed fire containment measures to be compromised as fire doors were left open in areas such as the utility room and the inspector observed another door to be wedged open.

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

**Please state the actions you have taken or are planning to take:**
• Door wedges have been removed from the location.
• Doors into the utility room will be kept closed.
• The practice for closing fire doors upon leaving the room will be undertaken in the locations.
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all allegations and suspicions of abuse which had been reported to the designated officer had been reported to HIQA.

8. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
- All allegations of abuse that have been referred to the Designated Officer will be notified to the Authority.
- The Supervisor has met with staff teams to review the Safeguarding Procedure.
- The location Supervisor will validate Safeguarding referrals to ensure that they meet the threshold for abuse as outlined in National Policy.

Proposed Timescale: 12/07/2017

Outcome 11. Healthcare Needs
Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The quality of healthcare plans varied. Records also did not demonstrate that the appropriate supports had been consistently provided to residents.

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

Please state the actions you have taken or are planning to take:
- The Healthcare records of all six residents will be reviewed by the location Supervisor.
- A clear approach to maintaining records will be adopted.
- All residents will have consistent healthcare records.
- Recommended support will be consistently provided to residents.

Proposed Timescale: 31/12/2017

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:
An annual review of the quality and safety of care had not been completed since the
last inspection in April 2016.

10. **Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
- The Annual Review has been completed for the centre for the calendar year 2016.

**Proposed Timescale:** 10/08/2017