

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Supported Living Services
<b>Centre ID:</b>	OSV-0003932
<b>Centre county:</b>	Dublin 24
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Philomena Gray
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	5

## **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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
29 March 2017 14:00	29 March 2017 21:00
30 March 2017 10:00	30 March 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the third inspection of the centre. The inspection, prior to this, was conducted in May 2015 following an application by the provider to register the centre under the Health Act 2007. This inspection was conducted to ensure the planned actions arising from the previous inspection were being implemented and were having a positive impact for residents. Compliance against other outcomes was also assessed during this inspection.

How we gathered our evidence:

As part of this inspection, the inspector met twelve 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 eight apartments and one house located in Co.

Dublin. Services were provided to male and female residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The findings of this inspection demonstrated that improvement had occurred in the practice of the centre. There had been changes to the management structure and staff spoke positively regarding the impact this had on the service provided to residents. Residents were observed to be comfortable within their home and staff were observed to engage with residents in a respectful and dignified manner. The inspector determined that additional work was required to ensure compliance with the regulations.

Overall there was an absence of appropriate assessment of residents' needs on their admission to the centre. Improvements were also required to ensure that residents were supported to manage their personal finances. The inspector observed inconsistent practices in risk management and fire safety. The inspector also found that admissions were not consistently in line with the Statement of Purpose of the centre.

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):**

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

**Findings:**

There were policies and procedures in place for the receipt and management of complaints. The inspector found that the complaints policy had been updated in April 2016 and met the requirements of Regulation 34. Residents stated that they felt they could make a complaint and would be listened to. Staff were familiar with the complaints procedures and the process to be followed. There were no active complaints in the centre as of the day of inspection.

Each of the residents had their own bedroom, which promoted privacy. The inspector also observed staff to engage in a dignified and respectful manner with residents. However the inspector found inconsistent practice in the storage of personal documentation of residents. In some parts of the service, documentation was stored securely. However the information for 9 residents was stored in a central office which was not part of the designated centre. Personal information was stored on an open shelving unit in this office. Individuals who were not employed in the centre had access to this office. The inspector communicated their concern with this arrangement to the person in charge on the first day of inspection. Appropriate action had been taken to secure residents documentation by the close of inspection.

The inspector reviewed the arrangements in place to support residents to manage their own finances and identified different arrangements across the centre. In some areas, residents had full control of their personal finances and in other incidents, residents were supported by staff. However, this was not consistent. The inspector found that not all residents had control over the use of their personal finances. The rationale for providing limited access for one resident to their statutory allowance was not supported

by a robust assessment to demonstrate that this was warranted. The detail of this issue is omitted from the report in order to protect the identify of the resident concerned but was discussed in detail with centre management.

Residents reported that they were very happy with the supports provided with them to engage in activities in line with their interests and capabilities. A number of residents spoke about their hobbies with the inspector which included sporting activities and social clubs.

**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):**

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

**Findings:**

There had been new admissions to the centre since the last inspection. The inspector found that the provider did not demonstrate that all admissions were based on a transparent criteria or in line with the Statement of Purpose of the centre.

The Statement of Purpose for Supported Living Services states that it provides support for individuals with relatively low support needs. It also states that residents have access to all areas of their home at all times and staff offer support at mutually agreed times. However the inspector found that this was not true for recent admissions to the centre due to the level of support required 24 hours a day. This further resulted in environmental restrictions. In one instance, access to communal areas was restricted from 23.00 hours as staff were sleeping on a mattress on the floor. The inspector was informed that this was originally a short term emergency arrangement. The admission occurred 8 months prior to the inspection occurring.

There was also inconsistencies in relation to written agreements. A previous failing of the provider was that written agreements did not state the fees that residents were to be charged. On this inspection, the inspector found that not all new admissions to the centre had a written agreement in place. The fees charged to residents was not clearly identified. For example, written agreements stated that St. John of God provides accommodation in a furnished residence providing food as well as care and support. However residents also had a second tenancy agreement in which they paid a separate

agent rent. These agreements stated that the premises were unfurnished. The inspector was informed that residents were paying to furnish the residence. None of the pre-mentioned agreements included the cost of utilities.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

Residents expressed satisfaction with the supports they received to ensure that their health and social care needs were met. However the inspector found that this was not consistently supported by a comprehensive assessment and personal plan.

Improvement had occurred to the personal planning process for long term residents in the centre. This included a clear assessment of needs and subsequent personal plan. There were healthcare plans in place for some residents. However, the inspector found that health care plans were not up to date for some residents.

Social care needs were identified and planned for using a validated goal setting tool. The inspector found goals residents were working towards were clearly identified through reviewing plans and speaking with residents. Residents knew who their key workers were and met with them on a regular basis. Goals included areas such a recreation, training and employment. However the inspector found that if a barrier occurred towards a resident achieving their goal, such as insufficient resources, the provider had not demonstrated that all efforts had been made to address the barrier. For example, the inspector was informed that a day trip to Kilkenny could not occur as there was insufficient staffing.

The inspector also identified that a comprehensive assessment had not been completed for each new admission prior to or on the day of admission. The information held for these residents was related to their previous residence.

Residents were referred to and assessed by the appropriate Allied Health Professionals if a need arose.

**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 centre comprised seven apartments and one house. The inspector found that the standard and suitability of premises differed across the centre.

There had been refurbishments made to two of the apartments since the last inspection. They had only been occupied for three weeks. They initially were registered to accommodate ten individuals however now could accommodate a maximum of six residents following the renovations. There were five residents residing in the apartments with the sixth bedroom being used to accommodate staff on a sleepover basis. The inspector observed the apartments to have sufficient heat and light as of the day of inspection. The apartments were also clean and in the process of being decorated by the residents. Residents showed the inspector around and said they were very happy with their new home.

The inspector did not inspect all areas of the remainder of the centre. However observed that while the centre was clean, the flooring and paint work in the kitchen of one part of the centre was worn and stained.

Of the seven of apartments, there was one apartment in which the size and layout was not suitable to meet the assessed needs of a resident. The evidence to support the judgment of major non compliance has been withheld to protect the anonymity of the resident. However the concerns of the inspector was communicated to the management team at the close of the inspection.

**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:**

The inspector identified an inconsistent approach to the health and safety of residents, visitors and staff. The systems in place for the assessment and management of risk had not been implemented in all parts of the centre. This resulted in an absence of oversight of risk for the entire designated centre. There was a safety statement and assessment of clinical, operational and environmental risks for some parts of the centre. However, this had not occurred for other areas. As a result, pertinent areas of risk had not been assessed, including the location of the centre and security arrangements.

Individual risk assessments had also been completed for residents. However, the inspector found that this was not consistent. For some residents there were clear control measures identified and implemented to reduce the risk to themselves or others. However for other residents, the risk assessments available were completed in respect of their previous placement. Therefore not relevant to their current residence.

There was a system in place for the recording, reporting and responding to adverse events. The inspector reviewed a sample of accidents and incidents and found that appropriate action had occurred. An audit had also been completed of risk management for some aspects of the centre.

The centre had arrangements in place for the prevention and management of fire. This included fire alarms, fire extinguishers and emergency lighting. There were also evacuation plans in place for the building and for individual residents. Staff were required to complete regular checks on fire equipment. However the inspector found in the recently occupied apartments, there was an absence of oversight of the fire arrangements. As the apartments were part of a larger apartment complex, management were not clear of the persons responsible for ensuring that emergency lighting and fire panel were maintained. There was no assurance system in place. Also, in this part of the centre, there had been no fire drills conducted to ensure that residents could evacuate to a safe place. However fire drills were occurring in other parts of the centre and residents were very clear of the action to be taken in the event of a fire.

**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 protection of vulnerable adults which was in line with National Policy. Staff had received training in the policy. Residents told the inspector that they felt safe in the centre. The inspector was assured that appropriate action was taken in the event of an allegation or suspicion of abuse.

Positive Behaviour Support was promoted in the centre. This was supported by the appropriate Allied Health Professionals. There was appropriate guidance to support staff. A restraint free environment was promoted and if implemented it was clear that it was the least restrictive options. Staff had received the appropriate training and were observed to implement positive behaviour support during the inspection.

**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):**

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

**Findings:**

The inspector observed that there had been an improvement to the health management plans of residents since the previous inspection.

Of the sample reviewed, the inspector found that they was clear guidance in place of

the supports residents required to ensure that their health care needs were met. Staff were knowledgeable of the health care needs of residents.

Residents had access to their General Practitioner (GP) if a need arose. Residents were also supported to access Allied Health Professionals. Recommendations from appointments were incorporated into personal plans.

End of Life care plans were in place for residents who chose to have one.

The inspector observed that residents were supported to have food in line with their nutritional needs. Residents were also supported to buy and prepare their food. Residents reported that they liked the food available them.

**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):**

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

**Findings:**

There were policies and procedures in place for the ordering, storage and administration of medication. Staff had received training in the safe administration of medication. Medication was stored securely.

The inspector reviewed a sample of prescription and administration records and found that they contained all of the necessary information. The times medication was administered also correlated with the times prescribed. There was adequate guidance in place to support the administration of p.r.n (as required) medication.

The inspector found that residents were assessed and supported to self administer medication. Residents demonstrated to the inspector that they were aware of the medication they were prescribed.

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

Medication audits had occurred. An action arising from the previous inspection was that there was an absence of a fridge for medication which required temperature controlled storage. This had been ordered and was due to be delivered in the coming weeks.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose submitted to HIQA contained all of the information as required by Schedule 1 of the regulations. However the inspector found that staffing levels in one area of the centre was not in line with the Statement of Purpose. This is as staff working in the designated centre were also supporting individuals who did not reside in the centre. Therefore the compliment of staff identified was for more than the nine residents living in the centre. There had also been a change to the structure of the centre since the last inspection. The floor plans in the centre were not reflective of the new layout of the centre.

**Judgment:**

Substantially 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):**

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

**Findings:**

The provider had systems in place to assess the quality and safety of care in the centre.

However, the management structure in place on the day of inspection was not in line with the Statement of Purpose and registration of the centre. Therefore there was an absence of clear accountability in the centre.

The person in charge, on the day of inspection, commenced their role in August 2016. They were interviewed in September 2016 and found to have sufficient knowledge of the regulations. However, following the appointment of the person in charge, two of the apartments had become operational. The person in charge was not involved in their operation and did not know the residents living in the apartments or the supports they required. The residential coordinator for the centre was also not involved in their operation. Management stated that they were looking at reconfiguring the centre however the inspector determined that in the interim there was not a clear management structure in the centre. The provider notified HIQA of their intention to appoint a senior manager to be person in charge of the entire centre until a decision was made regarding the configuration of the centre.

Audits were conducted in the centre. They were peer audits and conducted by managers of other centres. These included areas such as personal plans and medication.

Unannounced inspections had also been conducted by the quality team of the provider.

An annual review of the quality of safety of care had been conducted and included consultation with residents. An action plan had been developed from the review. The inspector found that work had commenced on the actions as of the day of inspection.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspector observed staff to engage with residents in a respectful and dignified manner. Residents were complimentary regarding the staff supporting them and were observed to be comfortable in their home. Both residents and staff stated that they felt there was sufficient staff to meet resident's needs. Staff were observed to be

knowledgeable of the needs of residents.

Staff had received mandatory training including manual handling.

The person in charge completed formal supervision with staff.

The inspector did not look at staff files on this inspection.

**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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0003932
<b>Date of Inspection:</b>	29 & 30 March 2017
<b>Date of response:</b>	07 July 2017

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

Residents' personal documentation was not stored in a secure location.

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

On the day of inspection appropriate action was taken to secure residents documentation. This included making the office accessible to staff working in the Designated Centre only and also included a locked cabinet within the office for files.

Proposed Timescale: Complete 30/03/2017

**Proposed Timescale:** 30/03/2017

**Theme:** Individualised Supports and Care

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

Residents were not consistently supported to manage their personal finances.

**2. 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:**

Any residents who do not have free access to their finances are referred to our social work department for guidance and support. They will be referred to the Human Rights Committee for support and recommendations.

**Proposed Timescale:** 11/05/2017

**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:**

Not all residents had agreed in writing the terms on which they would reside in the centre.

**3. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. A comprehensive review of agreements has taken place to clarify the terms on which

residents reside in the centre.

2. Recommendations of same will be implemented.

Proposed Timescale:

1. 08/05/2017

2. 30/07/2017

**Proposed Timescale:** 30/07/2017

**Theme:** Effective Services

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

Recent admissions were not based on a clear and transparent criteria.

**4. Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Statement of Purpose will be amended to reflect a clear and transparent criteria for admission to the designated centre.

**Proposed Timescale:** 11/05/2017

**Theme:** Effective Services

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

It was unclear the individual fees to be paid by residents and what was included for the fees.

**5. 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:**

1. A comprehensive review of agreements has taken place to ensure that residents fees are set out in a clear and transparent way.

2. Recommendations of same will be implemented.

Proposed Timescale:

1.08/05/2017

2.30/07/2017

**Proposed Timescale:** 30/07/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Arrangements were not in place to ensure that the goals of each resident could be met.

**6. Action Required:**

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

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

All residents will be facilitated to engage in quality of life experiences of their choice. This is underpinned by the Person Directed Planning tool, this includes a process of implementation and review.

**Proposed Timescale:** 30/07/2017

**Theme:** Effective Services

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

Comprehensive assessments had not been completed for residents.

**7. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The residents MPP will be updated to reflect the residents current support needs in their new home. The About Me document and health Assessment will be the initial main areas of focus.

**Proposed Timescale:** 30/06/2017

**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 size and layout was not suitable to meet the assessed needs of a resident.

**8. 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:**

Alternative accommodation has been sourced and is awaiting approval from local authority to transfer. On approval this property will be put forward to HIQA for registration and a robust transition plan will be developed.

**Proposed Timescale:** 30/11/2017

**Theme:** Effective Services

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

The flooring and paint work in the kitchen of one part of the centre was worn and stained

**9. 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 in question is property of Dublin City Council. We are requesting works to be completed on the property.

**Proposed Timescale:** 30/08/2017

**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 systems in place for the assessment and management of risk had not been implemented in all parts of the centre.

**10. 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:**

Appropriate risk assessments and risk management policy is now in place in the Designated Centre.

Proposed Timescale: Complete 08/05/2017

**Proposed Timescale:** 08/05/2017

**Theme:** Effective Services

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

Management were not clear on the persons responsible for the maintaining of fire equipment.

**11. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Management have liaised with the Housing Association and the Fire Authority who are responsible for maintaining all fire equipment.

Proposed Timescale: Complete 08/05/2017

**Proposed Timescale:** 08/05/2017

**Theme:** Effective Services

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

There had been no fire drills conducted to ensure that residents could evacuate to a safe place.

**12. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A successful fire drill was conducted 01/04/2017. There is a schedule in place for all fire drills throughout the year.

Proposed Timescale: Complete 01/04/2017

**Proposed Timescale:** 01/04/2017

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The staffing identified in the Statement of Purpose did not correlate with the practice in the centre.

**13. Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purpose will be reviewed to appropriately identify staffing practice within the centre.

**Proposed Timescale:** 11/05/2017

### **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:**

The management structure in the centre was not clear. This resulted in an absence of accountability.

**14. Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

This was amended on the day of inspection. The Programme Manager has taken the position of Person in Charge until a restructuring of the Designated Centre is complete.

Proposed Timescale: Complete 30/04/2017

**Proposed Timescale:** 30/04/2017

