

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adult Services Palmerstown Designated Centre 9
Centre ID:	OSV-0003906
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
15 November 2017 08:30	15 November 2017 17:20
16 November 2017 08:50	16 November 2017 16:05

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection.

This was the third inspection of the designated centre, the purpose of which was to inform a registration renewal decision. The provider had applied to re- register the centre for eleven residents and all documentation had been received as part of this application. The centre was previously inspected in October 2016. Twelve outcomes were inspected against on this inspection.

Description of the service.

The centre comprised of four units, all located in community based settings, close to local amenities and public transport. The service had produced a statement of purpose which outlined the aim of the designated centre and detailed the services and facilities to be provided. The centre could accommodate eleven residents and both males and females resided in the centre. The inspector found the care and support provided, and the facilities in the centre were in line with the details set out in the statement of purpose. There were nine residents living in the centre on the

day of inspection.

How the inspector gathered evidence.

The inspector spoke with four residents and met all residents living in the centre through the course of the inspection. The inspector also met with two managers recently appointed in the centre and spoke with an additional two staff members. Six resident and relative questionnaires were submitted to the Health Information and Quality Authority (HIQA) and reviewed as part of the inspection findings. Overall residents and relatives expressed their satisfaction with the services in the centre. The inspector observed that residents were provided with the required support levels as identified in assessments of need and that staff were caring and sensitive in their approach to residents.

Overall judgement of findings.

The inspector found residents were provided with a good standard of care and support, in a comfortable and homelike environment. The focus of support was resident led and residents expressed their satisfaction with the service and with the support provided in order for them to realise their goals. The service provided ensured residents were safe and their rights were protected. Improved processes and governance arrangements had ensured a more timely and complete response to issues identified in the centre. The centre was monitored on an ongoing basis and the revised management structure resulted in improved supervision of care and support. The centre was in compliance with five of the outcomes inspected against and in substantial compliance with six of the outcomes inspected against. One moderate non compliance was identified in Outcome 6, safe and suitable premises and related to unsatisfactory bathroom facilities and some maintenance issues in the centre.

The findings of the inspection are discussed in the body of the report and the regulations which are not been met in the Action Plan at the end of the report.

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:

The inspector found residents participated in the planning and running of the centre. Residents' privacy and dignity was upheld by practices in the centre and complaints were well managed. Residents' access to their finances had improved since the last inspection.

The inspector spoke with four residents and residents outlined they were involved in decisions about the running of the centre and in decisions regarding their care and support. This was facilitated through weekly residents' meetings in which residents made choices regarding their preference of meals and activities. The centre operated a keyworker system, where residents, supported by their keyworker, developed goals and implemented plans to realise their goals. Each resident had their own bedroom.

The inspector reviewed complaints records maintained in each unit in the centre. There was one complaint since the last inspection and the inspector found the provider had responded in line with their policy, implementing measures to deal with the concern expressed.

Overall the inspector found residents retained control over their own possessions. Since the last inspection, improvement was identified in the arrangement for residents to access their own finances, in the event where the provider managed these accounts. Some residents managed their own finances and support was provided to other residents to manage their money. The inspector reviewed records of residents' finances and found most money withdrawn and received into the centre was recorded and accounted for however, in one case a sum of money was not recorded as received into

the centre. This is actioned in Outcome 18. The inspector was assured on review of receipts held in the accounts department that this money had been used for purchases on behalf of the resident.

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):

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

Findings:

The inspector found residents were supported with a good standard of care and support in line with their assessed needs.

The inspector reviewed records pertaining to six residents' care and support needs. Residents had been assessed as to their health, social and personal needs and residents had been involved in identifying their needs and wishes. Multidisciplinary team members had also completed assessments where required.

The outcomes of assessments formed the basis of residents' personal planning process and plans were developed for all identified needs. Detailed plans were available and specified the care and support to be provided. Overall the inspector found these plans guided the practice in the delivery of healthcare and social care. Plans were subject to review annually or as needs changed.

From discussion with residents and review of records it was evident that plans were implemented. For example, residents told the inspector how they were supported to achieve personal goals. In addition, residents were supported to access a range of social opportunities in the community which were specified as their preference in social care plans.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The inspector found the premises were suitable for the stated purpose. Improvement was required to ensure maintenance issues were identified and attended to, in order to mitigate risks. In addition, adequate accessible bathroom facilities were not available in one unit of the centre.

All four units were reviewed as part of this inspection.

Two units were adjoining semi detached houses and there was an internal access door between the two houses. In one of these units the inspector found an accessible bathroom was not provided for residents in line with assessed needs. This resulted in one resident having to access the bathroom next door in order to attend to personal care needs. The person in charge outlined this practice had been in use for a number of years. The cooker in one unit was observed to have significant damage such as rust and the inspector was not assured this could ensure safe food hygiene. A number of handles were not in place on a resident's wardrobes.

On the first morning of inspection, the inspector identified one resident's bedroom was cold and in another resident's bedroom the radiator was overheated. These matters were attended to by the end of the inspection.

In a third unit, a bath used by residents was found to be badly stained.

Suitable private and communal space was provided for the residents in the centre and the inspectors found all units were homely and comfortable. Each resident had their own bedroom, suitably decorated to the residents' individual taste and wishes.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Effective Services

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

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

Findings:

The inspector found the health and safety of residents, visitors and staff was promoted and protected. Improvement was required to ensure some staff were provided with training in fire drills.

Suitable fire safety systems were in place. Fire equipment was provided throughout the centre including fire alarms, emergency lighting, fire extinguishers and fire blankets. Fire doors were fitted throughout the centre. Three fire doors were observed not to be closing however, the provider had made arrangements for this to be rectified by the end of the inspection. Day and night time fire evacuation plans were developed and staff were knowledgeable on the procedure to follow in order to safely evacuate residents. Individual personal emergency evacuation plans (PEEP's) were developed and considered the mobility and cognitive understanding of residents. Emergency planning was incorporated into PEEP's and alternative accommodation formed part of the emergency planning procedures.

Daily fire checks were completed in the centre. Regular fire drills had been completed in the centre in varying conditions and demonstrated residents could be evacuated within a satisfactory timeframe. Where issues arose during drills the inspector found these issues were reviewed and remedied. The inspector reviewed fire service records for two units and found fire equipment was regularly serviced. The inspector reviewed staff training records and found six staff members were not documented as having received training in fire drills.

There were procedures in place in the event a resident went missing.

There were up-to-date site specific safety statements for each unit.

Each unit maintained a risk register outlining the current risks in the centre. Risks in the centre had been identified and assessed. The risk register outlined the control measures in place to mitigate risks and the inspector found these were implemented in practice. Environmental risk assessments were also developed and control measures were also found to be implemented.

The inspector reviewed records of incidents in the centre since the last inspection. Incidents had been investigated and immediate measures taken to care for the resident involved. Additional measures were implemented following incidents to reduce the likelihood of reoccurrence, such as reflective practice, reviews with general practitioner or the development and implementation of safeguarding plans. Improved guidance for staff was recently developed on incident reporting systems.

Satisfactory procedures were in place for the prevention and control of infection.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector found overall residents were safeguarded in the centre. Measures were in place to support residents with their emotional needs however, improvement was required to ensure the recommendations outlined in a behaviour support plan did not impact on a resident's rights. Restrictive practices used were applied in accordance with best practice.

The inspector found measures were in place to ensure residents were safeguarded in the centre. Where safeguarding concerns were identified, these were reported and safeguarding plans implemented to reduce risks to residents. Some allegations or suspicions of abuse had not been notified to the Health Information and Quality Authority (HIQA) however, in these instances it was clear to the inspector, that protective measures were in place.

Staff had received training in safeguarding and staff were knowledgeable on the types of abuse the actions to take in the event of an allegation, suspicions or disclosure of abuse. The provider had recently developed revised guidance on reporting and managing safeguarding concerns, which was available in all units in the centre. The inspector reviewed seven resident and relative questionnaires which stated residents felt safe in the centre.

Residents were supported with their emotional needs and behaviour support plans had been developed outlining the proactive and reactive strategies to support residents where required. The inspector found however, that the reactive strategy outlined in a behaviour support plan was restrictive in nature, and was in conflict with social care plans in use for a resident. The inspector acknowledged that this practice while

recommended, had not been actually implemented for a considerable length of time. In addition this behaviour support plan had not been reviewed since October 2016.

There were some environmental restrictive practices in use in the centre for example, locking of external doors. The use of these practices had been assessed in terms of risks and were subject to quarterly review. The use of restrictive practices were outlined in personal plans.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Notifications had not been consistently made to HIQA following allegations of abuse.

Judgment:

Substantially 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 found residents' healthcare needs were met.

Residents' healthcare needs had been assessed through an annual medical review, nursing assessments and where required, assessments by allied health care professionals. The outcome of assessments formed part of healthcare planning and the

inspector found the recommendations arising from assessment measures in healthcare plans were implemented in practice. Residents accessed a range of healthcare professionals both through the Stewarts Care service, and through the public health system.

There was on-going review of health care plans and plans were updated annually or as the need arose.

The inspector found residents had a varied and nutritional diet and residents expressed they were happy with the food provided. Alternative choices were available should a resident wish. The advice of a speech and language therapist formed part of nutritional plans where required.

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):

No actions were required from the previous inspection.

Findings:

The inspector found there were policies and procedures in place for the ordering, prescribing, storing, disposal and administration of medication. Some improvement was required to ensure PRN (medication given as the need arises) documentation was consistent to guide safe practice.

Suitable secure storage was provided in the centre for medication. The inspector reviewed three medication and prescription records and found records for regular daily medication were complete. While most of the required documentation regarding PRN medication was in place, the inspector found one PRN medication prescription record was not consistent with the protocol issued by the original prescriber and the label on medication package also differed. This was discussed with a manager on the day of inspection and further documentation was submitted to HIQA post inspection however, the inspector found the issue had not been dealt with satisfactorily in order to ensure safe practice.

PRN prescriptions stated the circumstances under which medication should be administered and the maximum dosage in 24 hours was stated.

Records were maintained of all medication received into the centre. Appropriate

procedures were in place for the disposal of medication.

Residents availed of the services of a local pharmacy. The pharmacist had attended the centre and completed audits of residents' medication. Actions arising from these audit were found to be complete on the day of inspection. Medication management audits were also completed within the centre. No specific actions were identified on three months audits reviewed by the inspector.

Judgment:

Substantially 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 inspector reviewed the statement of purpose post inspection.

The statement of purpose was reflective of the facilities and services in the centre and had been reviewed in November 2017. The statement of purpose contained all of the information as per Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

No actions were required from the previous inspection.

Findings:

The inspector found the management systems had ensured service provided was safe and consistent with residents' needs. There was ongoing monitoring of the service and overall responsive actions were taken in relation to issues identified through audits.

Appropriate management systems were found to be in place. The centre was part of an overall reconfiguration process within Stewarts Care Ltd and additional managers were appointed to each unit of the centre. This resulted in improved governance and overall supervision and monitoring of the service. Two clinical nurse managers were in attendance on both days of inspection and outlined their plans going forward to attend units, and to work alongside staff in order to ensure care and support provided to residents was supervised and monitored on an on-going basis.

It was proposed that units within this centre would be reconfigured to form new designated centres and managers currently in the centre would be appointed as persons in charge as part of these plans. The current person in charge was also in attendance during the inspection and was employed on a full time basis. The arrangement for the person in charge to manage four designated centres was also in the process of reconfiguration which would result in a reduced number of centres under the remit of the person in charge.

The inspector found both the current person in charge and newly appointed managers were knowledgeable on residents' needs and on their care and support requirements. Staff told the inspector they felt supported by the management structure in the centre. The lines of accountability and reporting structures were clear.

Unannounced visits had recently been completed by the provider and the inspector found most actions were complete on the day of inspection. Remaining actions were due to be completed in the coming months within the timeline set out by the auditor. Improved reporting of the outcome of health and safety audits to senior management had been initiated in recent weeks in order to ensure works required were completed.

An annual review of the quality and safety of care and support had been completed for 2016 and the views of residents and their representatives had been considered as part of this review.

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):

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

Findings:

The inspector found overall there were sufficient numbers of skilled staff provided in the centre. However, the staffing arrangement to ensure a safeguarding plan was consistently implemented, and to ensure adequate arrangements in the event a resident required to remain in the centre, were not effectively managed.

Overall there were sufficient staffing levels in the centre, in line with the statement of purpose. The inspector found however, contingency arrangements were not in place in the event a resident required to remain in the centre during the day. In addition, a safeguarding plan could not be consistently implemented for approximately two hours a day due to the staffing arrangement.

Nursing care was provided consistent with the needs of residents.

Planned and actual rosters were maintained in each unit of the centre, detailing staff on duty during the day and night.

Revised management arrangements ensured there was adequate direct supervision of staff and quarterly supervision meetings were completed.

The inspector reviewed training records for staff. With the exception of fire drill training, all mandatory training had been provided to staff.

The inspector reviewed two staff files and found all the requirements of Schedule 2 were available.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Accurate records were not consistently maintained in relation to money received into the centre on behalf of the residents.

Judgment:

Substantially 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:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003906
Date of Inspection:	15 & 16 November 2017
Date of response:	20 December 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 06: Safe and suitable premises

Theme: Effective Services

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

A bath used by residents was found to be badly stained.

1. 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.

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

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

The bath has been replaced with shower unit to meet service user's needs.

Proposed Timescale: 08/12/2017

Theme: Effective Services

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

The cooker in one unit was observed to have significant damage.

A number of handles were not in place on a resident's wardrobes.

2. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Both issues have been assessed.

1: Awaiting delivery of both cookers

2: Handles of wardrobes have been replaced.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Suitable bathroom facilities were not provided in one unit in order to meet the identified needs of residents.

3. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The bathroom has been renovated and a shower unit installed to meet the needs & preferences of the residents

Proposed Timescale: 24/11/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Six staff members were not documented as having received training in fire drills.

4. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

A review of mandatory training in relation to fire safety has been undertaken. 'Onsite fire-training of staff' will now be delivered by the Person in Charge/PPIM. All staff will be trained in fire safety as per mandatory requirement.

Proposed Timescale: 31/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A behaviour support plan was out of date.

5. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Awaiting psychology review. Interim Personal behavioural support will be developed by PIC and sent to Psychology department for approval.

Proposed Timescale: 31/12/2017

Theme: Safe Services

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

A reactive strategy outlined in a behaviour support plan was restrictive in nature, and was in conflict with social care plans in use for a resident.

6. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

A new reactive strategy has been put in place that does not impact on social activities.

Proposed Timescale: 16/11/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Notifications had not been consistently made to HIQA following allegations of abuse.

7. 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:

Where incidents had not been notified to the Chief Inspector within the required time frame, retrospective notifications will be submitted.

Where there are allegations of abuse, suspected or confirmed, the Person in Charge or PPIM will notify the Chief inspector within 3 working days.

A new 'Response to an Incident Flowchart' & A 'Pathways flow chart' has now been developed.

All incidents are reviewed by the Person in Charge/Support Manager within 24 hours. Each incident is screened for possible safeguarding issues & any need for additional clinical supports and for any health and safety issues will be addressed. Notifications will be submitted as per regulations.

Proposed Timescale: 01/12/2017

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:

One PRN medication prescription record was not consistent with the protocol issued by the original prescriber and the label on medication package also differed. This resulted

in a potential risk for error.

8. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Director of Nursing is currently dealing with this issue. Communications between the Director of Nursing, the Outreach Clinic and the General Practitioner is ongoing. A risk assessment has been developed to address this issue and raise awareness.

Proposed Timescale: 31/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Contingency arrangements for staffing were not in place in the event a resident required to remain in the centre during the day.

Staffing arrangements in one unit were not effectively managed in order to ensure a safeguarding plan could be consistently implemented.

9. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1. Staffing requirements have been reviewed and staff will be redeployed in the event a service user wishes to remain in the centre during the day. A business case has been submitted to the HSE for full-time staff to be placed in the centre to meet the service user's wishes and needs.

2. The roster was reviewed and amended to reflect safe guarding requirements

Proposed Timescale: 31/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:

Accurate records were not consistently maintained of money received into the centre on behalf of the residents.

10. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

A new system of recording financial transactions has been introduced in the centre. The revised policy on Finances is due to be completed in January 2018 and will direct and guide practice

Proposed Timescale: 01/01/2018