



Report of an inspection of a Designated Centre for Disabilities (Children)

Name of designated centre:	Yew Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	22 February 2018
Centre ID:	OSV-0004470
Fieldwork ID:	MON-0020993

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Yew Services is a respite service, which is run by the Brothers of Charity Services. The centre is located on the outskirts of a town in Co.Roscommon and provides accommodation and support for four children and young adults, with an intellectual disability, including those with a diagnosis on the autistic spectrum. Both male and female residents under the age of 18 years, who wish to avail of planned respite breaks can be accommodated in this service. Crisis respite is also provided for emergency situations. The opening times for this centre vary during school holidays. The centre is a two-storey building, which comprises of residents' bedrooms, shared bathrooms, office spaces, a sensory room, kitchen and dining area, utility area and sitting rooms. Ramped access is available into the centre and a play and garden area is available to the rear of the centre for residents to use. Staff are on duty both day and night to support residents availing of this service.

The following information outlines some additional data on this centre.

Current registration end date:	10/07/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 February 2018	09:15hrs to 18:30hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with two residents who avail of respite services within this centre; however, these residents were unable to communicate directly with the inspector.

Over the course of the inspection, the inspector observed residents to engage freely with staff and appeared to be comfortable in the company of staff working in the centre. Residents freely accessed the various rooms in the centre and appeared to be very familiar with the layout of the premises.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided to residents. Where improvements were required from the last inspection, the provider had put measures in place to address these.

Effective leadership and management arrangements were in place, which had a positive impact on ensuring clear lines of responsibility and accountability within the centre. The provider had ensured a suitably qualified and experienced person in charge had the responsibility for the service and that she had the resources available to her to fulfill her role. The person in charge held both an administrative and operational role, which meant she had regular oversight of the care delivered to residents and had regular opportunities to meet with staff and residents. Regular staff and management meetings were occurring, which ensured issues relating to the service were formally discussed and communicated to all staff.

The provider ensured that all aspects of the service were subject to on-going monitoring and review, which resulted in a positive impact on the support and care provided to residents. Annual reviews of the service and six-monthly unannounced visits by the provider were occurring in line with the requirements of the regulations and staff were informed of the outcomes of these reviews. However, the provider had not always ensured that action plans were in place to demonstrate how areas of improvements identified from these reviews would be addressed.

Staffing levels were regularly reviewed by the person in charge, which ensured adequate staff were planned to be on duty to meet the needs of the residents. Staff who spoke with the inspector were found to be very knowledgeable of residents' assessed needs and of their responsibility in supporting these residents. The provider had on-going training and supervision arrangements in place for staff, which ensured all staff received mandatory training and supervision from their line manager as required. Although planned and actual rosters were in place,

these didn't always specify the full names of staff who worked in the centre, or their exact start and finish times.

The provider had a statement of purpose in place for the centre, which outlined the services that the centre intended to meet and a copy of this was available in the centre to staff, visitors and residents. Although a system was in place for the regular review of the statement of purpose, not all information as required by the regulations was accurately detailed within it.

Overall, the inspector found adequate resources were in place to meet the needs of residents availing of this service. Residents had access to transport, had adequate staff support available to them and had access to the equipment that they required.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff in place were adequate to meet the needs of residents. Staffing arrangements were regularly reviewed, ensured consistency in the care provided to residents and were also in line with the arrangements outlined on the statement of purpose. A planned and actual roster was available for the centre; however, improvements were required to ensure the full name of staff members and their start and finish times were clearly recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training as part of continuous staff development. Some staff required refresher training in manual handling and these staff were scheduled to receive this training in the weeks subsequent to the inspection. Staff received regular supervision from the person in charge. Staff who spoke with the inspector were found to have a good knowledge of the regulations and standards.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre which was regularly reviewed. However, the statement of purpose required updating to ensure it contained all information as required by Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had systems in place to ensure the Chief Inspector was notified of incidents occurring within the centre in line with the required time frames.

Judgment: Compliant

Regulation 23: Governance and management

The centre was resourced to ensure the safe and effective delivery of care to residents. The person in charge had the overall responsibility for the service and held both an operational and administrative role. She was supported in the management of the centre by her line manager and by the provider's representative. Regular staff and management meetings were occurring, which ensured staff were kept informed about changes occurring within the service. A copy of the last six-monthly unannounced provider-led visit was available in the centre and plans were in place to conduct a further unannounced visit in the days subsequent to the inspection. There was also an annual review of the service completed; however, the provider had not ensured an action plan was in place to address the areas of improvement identified within this review.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found the care and support needs of residents were met. Since the last inspection the provider had made improvements to the arrangements in place to meet the communication, assessment and personal planning needs of residents. However, improvements were required to how staff were guided to provide support to residents and to the recording and documentation of some support needs and risks.

Residents availing of this respite service presented with complex communication

needs and the provider had ensured adequate arrangements were in place to meet these needs. Residents had comprehensive communication plans, which meant staff were guided on residents' preferred way to communicate. Speech and language services were involved in residents' care, with communication goals in place to support residents to develop their communication skills. Various communication tools such as picture books, visual schedules, choice boards and easy-to-read information were available to residents, which ensured residents were supported to effectively communicate with staff.

Improvements to personal planning arrangements ensured that residents' assessments and personal plans were now regularly reviewed and updated. Staff demonstrated good knowledge of residents' needs and of how they were required to support these residents. A system was in place for the development, review and evaluation of residents' personal goals, with records maintained on the progress made by residents towards achieving their goals. However, the records in place did not always guide on the actions required to support residents to achieve their goals or identify if residents had achieved their goals within the agreed time frame.

The provider had improved medication management systems, with regular medication audits now occurring. A system was also in place for the reporting, review and management of medication errors. Overall, administration and prescription records were well-maintained; however, improvements were required to some prescribing records and to the guidance in place for staff on the safe administration of 'as required' medicines. Although no residents were taking responsibility for their own medicines, arrangements were not in place for capacity assessments to be completed with residents, to identify the supports they would require, should they wish to self-administer.

The provider had some fire safety precautions in place, which ensured that the risk of fire to the centre was mitigated against and that systems were in place to safely evacuate residents. However, improvements were required to some fire safety measures including fire checking systems and to the fire procedure. The provider had completed a fire risk assessment for the centre and a copy of this report was requested for review by the inspector subsequent to the inspection.

Residents were supported to be safe from identified risks and a system was in place for the review and management of residents' specific risks. Organisational risks were regularly reviewed by the management team; however, some assessed risks did not adequately describe the current and additional controls in place to mitigate against these risks. In addition, not all organisational risks were incorporated within the risk register for review. For example, the risk of fire was not included within the risk register.

Behaviour support arrangements ensured that residents with behaviour that challenges received regular assessment and had effective behaviour support plans in place. The provider had ensured staff were supported by a behaviour support specialist in the review and management of residents' behaviours. Restrictive practice arrangements ensured regular review of these practices and that the least restrictive procedure was in place for residents. Staff who spoke with the inspector

were aware of all restrictive practices in place; however the records available did not provide adequate guidance to staff on how to safely apply these restrictions.

The provider had ensured that residents were protected from all forms of abuse, with procedures in place to ensure all staff knew how to detect, respond to and manage any safeguarding concerns. Staff who spoke with the inspector knew how they were required to keep residents safe.

Regulation 10: Communication

Since the last inspection, the provider had put measures in place to improve the communication systems used in the centre. Residents now had clear communication plans in place, which guided staff on how residents liked to communicate their wishes. Speech and language therapy services were available to support staff in the sourcing of documents in an accessible format. Staff were observed to effectively communicate with staff and residents were supported to use the various communication tools available in them. Residents also had access to Internet, television and radio.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the premises was laid out to meet the number and assessed needs of residents. Each resident had access to their own bedroom, shared bathrooms, sitting rooms, kitchen and dining areas, a sensory room and to garden space, which had appropriate play and recreational space. The centre was found to be suitably decorated. However, the inspector noted an odour was present in one resident's bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents' specific risks were assessed and reviewed on a regular basis. Staff who spoke with the inspector were aware of these risks and of their responsibility in maintaining residents' safety. There was a risk register in place for the review of

organisational risks and this was regularly reviewed by the management team. However, some risks identified on the risk register did not consider all current and additional controls in place to mitigate against organisational risks. In addition, the risk register did not always incorporate all organisational risks. For example, the risk of fire was not included within the risk register. The provider had also failed to ensure appropriate arrangements were in place for the disposal of waste water and to ensuring a falls risk was not posed to residents and staff exiting via the back door of the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place to ensure the centre was protected from the risk of fire. All staff had received up-to-date fire training and fire exits were maintained clear. A fire exit was also available on the first floor of the centre to ensure residents residing in upstairs accommodation had an adequate means of escape. Evacuation plans were in place for residents, which guided on the level of support each resident would require in the event of an evacuation. Although regular fire drills were occurring within the centre, the provider had not conducted a fire drill with minimum staffing levels. However, the person in charge provided assurance to the inspector that this would be completed in the days subsequent to the inspection. Regular fire checks were occurring, which included the checking of the fire alarm system and fire fighting equipment; however, regular checks of emergency lighting systems were not occurring. The provider had separate protocols in place to guide staff on the containment of fire should a fire occur in the building, the containment precautions to be taken at night and when leaving the centre. However, no fire risk assessment was in place to assess for and regularly review the effectiveness of these containment measures. Although the provider had ensured that the fire procedure was prominently displayed, it did not adequately guide staff on how to respond to fire occurring in the centre. A fire assessment report was completed for this centre and subsequent to the inspection, the provider was requested to provide the inspector with a copy of this report to the inspector.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had safe medication management systems in place, which ensured residents' medicines were administered as prescribed. All staff had received up-to-date training in the safe administration of medicines, a system was in place for the reporting and review of medication errors and adequate storage arrangements were available in the centre. Administration and prescribing records were well-maintained;

however, some prescribing records did not clearly indicate the frequency of administration for some medicines. Although separate prescription records were in place for as-required medicines, no documentation was in place to guide staff on the safe administration of some 'as required' medicines. No residents were taking responsibility for their own medicines at the time of this inspection; however, the provider did not have arrangements in place to ensure capacity assessments were conducted with each resident to identify the supports required by them, should they choose to self-administer their own medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Since the last inspection, the provider had made improvements towards ensuring residents' assessments and personal plans were reviewed annually and more frequently if required. Residents and their families were facilitated to be part of these reviews and communication tools were used by staff to ensure residents were aware of, and had access to the care and support arrangements detailed in their personal plans. Personal goals were developed with each resident and the progress made by residents towards achieving their goals was regularly reviewed. However, from the records maintained, it was unclear what actions were required to support residents to achieve their goals. In addition, records failed to clearly identify whether some residents had achieved their goals in line with the time frame set out for completion.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Arrangements were in place for the regular assessment and review of behaviour that challenges. Behaviour support plans were in place to guide staff on how to respond to episodes of behaviour that challenges and staff who spoke with the inspector, were aware of their responsibility in supporting these residents. All staff had received up-to-date training in the management of behaviour that challenges and a behaviour support specialist was available to the centre for the review and management of behaviour support plans. There were some restrictive practices in place and these were regularly assessed and reviewed to ensure the least restrictive procedure was in place. At the time of the inspection, records were not being maintained of when restrictions were applied and released; however, the person in charge told the inspector that a discussion about this was held at a recent staff meeting and plans were in place to commence these records in the week subsequent to the inspection. Although restrictive practices were risk assessed, it was unclear from the records available how these restrictions were to be safely

applied in practice.

Judgment: Substantially compliant

Regulation 8: Protection

At the time of inspection, there were no safeguarding concerns in the centre. The provider had a policy in place to guide staff on how to detect, respond to and manage safeguarding concerns which may arise. Staff who spoke with the inspector were aware of how to respond to allegations of abuse and of their responsibility in safeguarding residents and all staff had received up-to-date training in safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Yew Services OSV-0004470

Inspection ID: MON-0020993

Date of inspection: 22/02/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>15. (1) The registered provider shall 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.</p> <p>(2) The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.</p> <p>(3) The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p> <p>(4) The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.</p> <p>(5) The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.</p> <p>The Registered Provider is cognizant of all of the above mentioned requirements of regulation 15 and The Person in Charge has reviewed and updated the planned and actual roster to ensure that the full name of staff members and their start and finish times are now clearly recorded.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>3. (1) The registered provider shall prepare in writing a statement of purpose</p>	

containing the information set out in Schedule 1.

(2) The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.

(3) The registered provider shall make a copy of the statement of purpose available to residents and their representatives.

The Registered Provider is cognizant of all of the above mentioned requirements of regulation 3 and

The Statement of Purpose is being updated in line with the new HIQA template provided and all information as required by Schedule 1 of the regulations is being included. |

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

23. (1) The registered provider shall ensure that—

(a) the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose;

(b) there is 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;

(c) management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored;

(d) 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;

(e) that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives; and

(f) that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.

(2) The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall—

(a) prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support; and

(b) maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.

(3) The registered provider shall ensure that effective arrangements are in place to—

(a) support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering; and

(b) facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

The Registered Provider is cognizant of all of the requirements of regulation 23 and The annual review is being updated by the Person in Charge and an action plan is being included to address the areas of improvement identified in the review. |

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

17. (1) The registered provider shall ensure the premises of the designated centre are—

(a) designed and laid out to meet the aims and objectives of the service and the number and needs of residents;

(b) of sound construction and kept in a good state of repair externally and internally; and

(c) clean and suitably decorated.

(2) The registered provider shall ensure that where the designated centre accommodates adults and children, sleeping accommodation is provided separately and decorated in an age-appropriate manner.

(3) The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.

(4) The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.

(5) The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

(6) The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, or she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.

(7) The registered provider shall make provision for the matters set out in Schedule 6.

The Registered Provider is cognizant of all of the above mentioned requirements of regulation 17 and The Person in Charge has ensured that all carpets and bedding have been cleaned and that rooms are ventilated at appropriate times. Deep cleaning will be done regularly on an ongoing basis. |

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

26. (1) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following:

(a) hazard identification and assessment of risks throughout the designated centre;

(b) the measures and actions in place to control the risks identified;

(c) the measures and actions in place to control the following specified risks:

(i) the unexpected absence of any resident,

(ii) accidental injury to residents, visitors or staff,

(iii) aggression and violence, and

(iv) self-harm;

(d) arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents; and

(e) arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

(2) The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

(3) The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

The Registered Provider is cognizant of all of the above mentioned requirements of regulation 26 and

The risk register for the designated centre has been reviewed by the management team. All current and additional controls to mitigate against organizational risks have been considered and all organizational risks, such as fire, have been included.

Waste water is now disposed of via an outside outlet thus minimizing any risk to people supported or staff.

These actions were completed by 28/02/2018

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

28. (1) The registered provider shall ensure that effective fire safety management systems are in place.

(2) The registered provider shall—

(a) take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings;

(b) make adequate arrangements for—

(i) maintaining of all fire equipment, means of escape, building fabric and building services,

(ii) reviewing fire precautions, and

(iii) testing fire equipment; and
 (c) provide adequate means of escape, including emergency lighting.
 (3) The registered provider shall make adequate arrangements for—
 (a) detecting, containing and extinguishing fires;
 (b) giving warning of fires;
 (c) calling the fire service; and
 (d) evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.
 (4) The registered provider shall—
 (a) 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; and
 (b) ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.
 (5) The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.

The Registered Provider is cognizant of all of the above mentioned requirements of regulation 28 and

A fire drill with minimum staff while maximum people supported were in the respite service has been carried out.

This action was completed on 27/02/2018

Emergency lighting system has now been included on the weekly checklist.

This action was completed on 23/02/2018

Separate risk assessments to review the effectiveness of fire containment measures in the different areas of the designated centre have been completed.

This action was completed on 27/02/2018

The fire procedure has been reviewed and amended to ensure staff are guided in how to respond to fire occurring in the centre.

This action was completed on 27/02/2018

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

29. (1) The registered provider shall ensure that a pharmacist of the resident's choice, in so far as is practicable, or a pharmacist acceptable to the resident, is made available to each resident.

(2) The person in charge shall facilitate a pharmacist made available under paragraph (1) in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

The person in charge shall provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

(3) The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such record is kept in a safe and accessible place in the designated centre.

(4) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that—

(a) any medicine that is kept in the designated centre is stored securely;

(b) medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident;

(c) out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance; and

(d) storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.

(5) The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.

The Registered Provider is cognizant of all of the above mentioned requirements of regulation 29 and

The GP has amended the Medication Administration Record to indicate the frequency of administration for all medicines.

This action was completed by 02/03/2018

Protocols have been put in place in consultation with the GP, families and nursing staff to guide all staff on the safe administration of PRN medications.

This action was completed by 02/03/2018

The Person in Charge is consulting with the Health Psychologist to review the self-medication assessment tool that is currently being used in adult services with a view to introducing an appropriate self-medication assessment tool into children's respite services.

This action will be completed by 31/05/2018 |

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

5. (1) The person in charge shall 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—

(a) prior to admission to the designated centre; and

(b) subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

(2) The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed

in accordance with paragraph (1).

(3) The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).

(4) The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which—

(a) reflects the resident's needs, as assessed in accordance with paragraph (1);

(b) outlines the supports required to maximise the resident's personal development in accordance with his or her wishes; and

(c) is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

(5) The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.

(6) The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall—

(a) be multidisciplinary;

(b) be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability;

(c) assess the effectiveness of the plan; and

(d) take into account changes in circumstances and new developments.

(7) The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include—

(a) any proposed changes to the personal plan;

(b) the rationale for any such proposed changes; and

(c) the names of those responsible for pursuing objectives in the plan within agreed timescales.

(8) The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).

The Registered Provider is cognizant of all of the above mentioned requirements of regulation 5 and

Personal plans are being reviewed by keyworkers and the person in charge to ensure that actions required to support chosen goals are clearly outlined and to identify whether goals have been achieved within the timeframes set. Personal plans are due for review with people supported, families and MDT and goal and action setting will be clearly recorded on all new plans. |

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive

behavioural support:

7. (1) The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

(2) The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

(3) The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.

(4) The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

(5) The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation—

(a) every effort is made to identify and alleviate the cause of the resident's challenging behaviour;

(b) all alternative measures are considered before a restrictive procedure is used; and

(c) the least restrictive procedure, for the shortest duration necessary, is used.

The Registered Provider is cognizant of all of the above mentioned requirements of regulation 7 and

Records are now maintained on a register of restraints detailing when restrictions are applied and released.

This action was completed by 27/02/2018

The safe application of all restrictions will be reviewed by the person in charge and MDT.

This action will be completed by 31/05/2018

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Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	23/02/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	26/03/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	04/05/2018

	to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2018
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	23/02/2018
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	27/02/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	02/03/2018

	of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/05/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/05/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the	Substantially Compliant	Yellow	31/05/2018

	effectiveness of the plan.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2018