

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Avenue
Centre ID:	OSV-0005634
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	3

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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 December 2017 09:30 To: 05 December 2017 14:30

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

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 first inspection of the centre by HIQA as it was a new application to register a designated centre for individuals with a disability. It was a nine outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the assistant director of care and the person in charge. There were no service users availing of the service at the time of inspection. The inspector reviewed the premises, policies and procedures, staff files and a suite of templates which had been presented for use in the centre.

Description of the service:

According to the provider's statement of purpose, dated May 2017, the centre would provide residential care for up to three adult residents with a diagnosis of an intellectual disability who would require a low level of support. Two residents, currently residing in other centres within the service, had been identified to transfer to this centre. A third resident had not yet been identified.

The centre comprised of a two storey detached house located in the residential suburb of a medium sized town in county Louth. It had adequate living space, with three bedrooms with one being ensuite. One main bathroom, one medium sized sitting room and one smaller sized visitors room and a small kitchen come dining room. It was a relatively new building which had recently been repainted throughout. There was a small garden to the rear of the property.

Overall Judgment of our findings:

Overall, the inspector found that the management team had completed significant work on templates and systems to ensure effective monitoring of service delivery. There were arrangements in place to promote residents' rights and safety and to provide a good quality of life for residents while meeting their needs. The person in charge was also to have responsibility for another of the providers designated centres which was located a short distance away. She demonstrated adequate knowledge and competence during the inspection.

Good practice was identified in areas such as:

- There were arrangements in place to assess residents' individual needs and choices and to put in place personal plans to meet the needs identified. (Outcome 5)
- There were measures in place to safeguard any resident who would live in the centre. (Outcome 8)
- Arrangements were in place to support residents on an individual basis to achieve and enjoy the best possible health. (Outcome 11)
- There were arrangements in place to monitor the quality and safety of care and support once the centre opened. (Outcome 14)
- There were effective recruitment procedures in place, which were managed centrally by the provider. (Outcome 17)

Areas of non-compliance with the Regulations and National Standards were identified in areas such as:

- A number of items of furniture and soft furnishings had yet to be purchased. (Outcome 6)
- There were some areas for improvement in relation to fire safety and health and safety arrangements. (Outcome 7)
- Suitable arrangements had not yet been put in place for the storage of medications. (Outcome 12)

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 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):

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to assess residents' individual needs and choices and to put in place 'everyday living' personal plans to meet the needs identified.

There was an 'everyday living' assessment of need template in place. It was proposed that a full assessment would be completed as part of the admission process and that this would be used to inform individual 'everyday living' personal plans for residents. It covered matters such as health, medication, nutrition, financial management, personal and social care and support needs.

There was a template 'everyday living' personal plan in place with adequate space to detail individual needs and choices. It was proposed that personal goals, actions required to achieve same and timelines would also be recorded. The person in charge reported that once admitted each resident's key worker would be responsible to put in place a written personal plan within 28 days as per the requirement of the regulations. It was proposed that each plan would have a multidisciplinary input and that the resident and their family representative would be involved in developing plans put in place. A user friendly version of the personal plan would also be developed. As part of the providers multidisciplinary team, there was a behavioural specialist. It was proposed that other community based allied health professionals would be accessed as required.

There were proposed processes to formally review residents' personal plans on a yearly basis. There was a template for personal plan reviews. The person in charge reported that each plan would be reviewed annually or more frequently if there was a change in need. It was proposed that the multidisciplinary team and each residents family would be

consulted and involved in reviewing plans. It was proposed that key working sessions would be held monthly where progress against goals set would be reviewed. There was a template for a key worker review of outcome measures which it was proposed would be completed on a monthly basis.

A good range of activities for potential residents to engage in had been identified. These included amenities in a number of towns in the surrounding areas and included, a local castle and scenic walking area, bowling, cinema, local pubs and restaurant, theatres and music venues. It was proposed that activity sampling would be a standing agenda item at a weekly residents meeting.

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):

This was the centre's first inspection by the Authority.

Findings:

The design and layout of the centre was fit for purpose and reflected the layout as described in the centre's statement of purpose. However, a number of items of furniture and soft furnishings had yet to be purchased.

The centre comprised of a two storey detached house located in the residential suburb of a medium sized town in county Louth. It had adequate living space, with three bedrooms, one of which being ensuite, a small sized kitchen come dining area and two separate sitting areas. There was a small garden to the rear of the property.

The centre was a relatively new building which had recently been repainted throughout. However, there were insufficient furniture, fixtures and fittings in place. Items of furniture such as beds, wardrobes, side lockers and furniture for the visitors room had not yet been purchased. Minimal soft furnishings were in place to provide a homely feel in the centre. Curtains or blinds were not available in the majority of areas. There was suitable lighting and ventilation in place. Each resident was to have their own bedroom which was of a suitable size and layout to meet the needs of any resident living there. Adequate bathroom facilities were provided on the ground and upper floor level. One of the bedrooms identified to be used by residents had an en-suite facility.

There was a small sized kitchen come dining area which had some cooking facilities and table ware in place. However, cooking utensils such as saucepans and pans had yet to be purchased. In addition a kitchen table and chairs for dining had not yet been purchased.

Facilities for residents to launder their own cloths had yet to be purchased.

It was reported that there were no specialist equipment requirements for the two residents identified to live in the centre.

Judgment:

Substantially Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to promote and protect the health and safety of residents and staff. Some arrangements for fire safety and health and safety had not yet been put in place although it was proposed that they would be in place before any resident would move into the centre.

There were templates in place for risk assessments and for health and safety checks which it was proposed would be completed by an identified staff member. There were also templates for individual risk assessments for residents, on admission and as required thereafter. There was a template risk register in place which it was reported would inform the corporate risk register. It was proposed that the risk register would be maintained as a 'living document' and that the person in charge would undertake an audit of same on a regular basis. There was a policy on risk management, dated October 2016 which met the requirements of the regulations. It was proposed that a health and safety statement, which was specific to the centre and site specific risk assessments would be put in place before any resident moved into the centre but were not in place at the time of inspection.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving residents. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template, for incident reporting which included a section to record, action taken and further actions required. It was proposed that all incidents and near misses would be reviewed and signed off by the person in charge and the assistant director of care. It was also proposed that all

individual incidents would be reviewed and discussed at team meetings scheduled to occur on a monthly basis. This would provide an opportunity to identify trends of incidents and near-misses, and learning for the centre and wider service.

There were some procedures in place for the prevention and control of infection. It was proposed that suitable colour-coded cleaning equipment would be put in place before any resident was admitted to the centre. The inspector observed that there were some facilities for hand hygiene available and the person in charge proposed that paper handtowels would be put in place with posters to demonstrate the correct hand-washing technique. It was also proposed that appropriate training for staff would be provided. There were template cleaning schedules in place and sign-off sheets. The centre had an infection control policy, dated April 2016.

There were some precautions in place against the risk of fire. However, the installation of the fire alarm system had only been partially completed, certificates in relation to same were not available in the centre and fire fighting equipment had not yet been put in place.

The inspector found that there were adequate means of escape and that all fire exits were unobstructed. There were templates for personal emergency evacuation plans which referred to the mobility and cognitive understanding of residents. There was documentary evidence to show that emergency lighting were appropriately installed and serviced by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits, emergency and other safety precautions. Fire drill templates were in place which included space to record those attending, time required for full evacuation and issues encountered. It was proposed that fire drills would be undertaken on admission and on a minimum of a six monthly basis thereafter. A fire evacuation assembly point had not yet been identified but it was proposed would be before any residents were admitted to the centre.

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):
This was the centre's first inspection by the Authority.

Findings:

There were measures in place to safeguard any resident who would live in the centre.

The service had a safeguarding procedure, dated October 2017. The inspector noted that the responsibilities for the designated officer were assigned to the person in charge of the centre. She was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. It was proposed that appropriate safeguarding training would be provided for all staff. The centre had a policy on intimate care, dated March 2017. Intimate care assessments and plans were noted to be included as part of the template 'everyday lining' personal plans.

Arrangements were in place to provide residents with emotional and behavioural support that would promote a positive approach to managing behaviour that challenges. The centre had a policy on the management of behaviours that challenge, dated June 2016. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. Training records showed that the three staff identified to work in the centre had completed training in a recognised behavioural management approach.

There was a policy on restrictive practices, dated June 2016. There was a template log for recording restrictive practices. It was proposed that all restrictive interventions would be regularly reviewed by the multidisciplinary team and would only be used as a last resort. It was also proposed that family members would be informed of any restrictive practices put in place.

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):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to support any resident on an individual basis to achieve and enjoy the best possible health.

There was a comprehensive assessment template in place which required information relating to the health needs of residents. The person in charge reported that residents' health needs and strengths would be assessed as part of the pre admission process in

consultation with the residents and their families. The 'everyday living plan' template included space for information relating to the service users' health needs and care requirements. It was proposed that all residents would have a health check from their GP (general practitioner) on admission and at least annually thereafter. There was an 'Ok Healthcheck' template in place.

It was reported that the residents identified to transition to the centre had minimal healthcare needs. The person in charge proposed that each of the residents would have an opportunity to choose their own GP. It was proposed that residents would access therapeutic supports and other allied health professionals through the community where required. There were templates in place to record all contact with residents general practitioner and any other health professionals.

The centre had a partially equipped kitchen come dining area in place. A dinner table and chairs had yet to be purchased which it was proposed would make meal times a social occasion. There was a separate large dining area with adequate seating to allow meal times to be a social occasion. There was a policy on nutrition, dated September 2017, which included guidance on monitoring nutritional intake. The inspector reviewed template weekly menu planners which it was proposed would be agreed with residents as part of weekly menu planning meetings. The person in charge proposed that residents would be supported to buy and prepare their own meals and that healthy food choices would be promoted.

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):

This was the centre's first inspection by the Authority.

Findings:

There were some systems in place to support staff in protecting residents in relation to medication management. However, suitable arrangements had not yet been put in place for the storage of medications.

There was a medication management policy, dated June 2016. It was noted that the three staff recruited to work in the centre had completed training in the safe administration of medications. There was a medicine competency assessment template, which had been completed for the staff recruited. The person in charge proposed that she would complete with all staff before they would start administering medications and

on a yearly basis thereafter. There were template medication prescription and administration records which provided adequate space to record the required information. There were also templates for individual medication management plans, staff signature bank, medication stock control log, medication error form and medication order receipt form. A secure storage press for medication was not available in the house and had not yet been ordered at the time of inspection.

A designated and secure area for the storage of out-of-date medications had not yet been identified. The person in charge reported that all unused and out-of-date drugs would be returned to the pharmacy for disposal. There was a template form to record all medication returned along with the signature of the receiving pharmacist. It was proposed that this would also be signed by the staff returning the medication on each occasion

There were arrangements in place to support residents to be responsible for their own medications if deemed appropriate. There was a template for risk assessment for the self administration of medication which it was proposed would be completed for all residents on admission and periodically thereafter.

There were arrangements in place to review and monitor safe medication management practices. The inspector reviewed a templates for undertaking medication audits which it was proposed would be undertaken on a monthly basis by the person in charge. It was proposed that the output from these audits would be reviewed by the assistant director of care and broader management team with any learning identified shared across the wider service. There were a number of pharmacists available in the local area whom residents would be able to choose from.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose in place, dated May 2017. However, some of the information presented was incorrect.

It set out the aims, objectives and ethos of the centre. It also stated the facilities and

services which would be provided for residents living in the centre. It contained the information required by schedule 1 of the regulations. However, the information presented in relation to the person in charge and house manager was incorrect.

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):

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to monitor the quality and safety of care and support once the centre opened.

It was proposed that the director of care would undertake an annual review of the quality and safety of care in the centre once opened. The providers quality and governance department were identified to undertake six monthly unannounced visits in the centre in line with the regulatory requirements.

It was proposed that the assistant director of care would complete monthly service visits and the inspector reviewed a template audit form which it was proposed would be completed on these visits. Areas to be reviewed on these visits included, documentation such as care plans, health and safety arrangements, complaints, safeguarding issues and incident reports. There were a number of other audit templates in place, including medication and health and safety which it was proposed would be completed by the person in charge on a monthly basis. In addition, it was proposed that the person in charge would complete a monthly monitoring record and key performance indicator report on a monthly basis and submit to the assistant director of care. It was proposed that this would ensure that the service provided was safe and appropriate to residents' needs.

There was a clearly defined management structure that identified lines of authority and accountability for the service. The person in charge reported to an assistant director of care who in turn reported to the director of care.

The person in charge was in a full time post. It was proposed that she would be in charge of this centre and one other centre. She was to be supported by house manager in each of the centre but no one had yet been identified for this position in this centre.

The person in charge was a qualified social worker and at the time of inspection was in the final stages of completing a management course. She had more than 10 years of management experience and had been working within the service for the past five years. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear vision for the proposed service.

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):

This was the centre's first inspection by the Authority.

Findings:

There were effective recruitment procedures in place, which were managed centrally by the provider.

The inspector reviewed the provider's policy on recruitment and selection, dated November 2017. The full staffing complement for the centre was identified based on the needs of residents identified to live in the centre. Three staff had been recruited and the remaining identified staff complement were in the process of being recruited. There was a proposed template staff roster in place. The inspector reviewed the files for the staff identified to work in the centre. The information as required in Schedule 2 of the regulations was available in these files.

There was a staff development policy, dated April 2017. It was proposed that a training programme would be put in place and coordinated centrally by the providers training department. The inspector noted that copies of the standards and regulations were available in the centre. Training records for staff identified to work in the centre showed that these staff had attended appropriate training. The person in charge proposed that a training needs analysis would be completed on a yearly basis.

Formal supervision arrangements for staff were proposed. This meant that staff performance would be formally monitored in order to address any deficiencies that might exist and to improve practice and accountability. There was a draft supervision contract in place which proposed that supervision would be undertaken on at least 10 occasions within a 12 month period. There was a template to record supervision undertaken.

The person in charge told inspectors that there would be no volunteers working in the centre when it opened.

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:

Maureen Burns Rees
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 Praxis Care
Centre ID:	OSV-0005634
Date of Inspection:	05 December 2017
Date of response:	28 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:

Items of furniture such as beds, wardrobes, side lockers and furniture for the visitors room had not yet been purchased.

Minimal soft furnishings were in place to provide a homely feel in the centre. Curtains or blinds were not available in the majority of areas. .

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

Cooking utensils such as saucepans and pans had yet to be purchased. In addition a kitchen table and chairs for dining had not yet been purchased.

Facilities for residents to launder their own cloths had yet to be purchased.

1. 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 Registered Provider will ensure that items of furniture such as beds wardrobes, side lockers and furniture for the visitors room will be in place before the 31.1.18

Blinds and Curtains have been ordered and will be in place prior to the 31.1.18. The Registered Provider will also ensure that other soft furnishings will be in place for the 31.1.18

The Registered Provider will ensure that cooking utensils such as saucepans and pans and a kitchen table and chairs will be purchased and in the centre before 31.01.18

The Registered Provider will ensure laundry facilities will be purchased and available in the centre before 31.01.18

Proposed Timescale: 31/01/2018

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:

A health and safety statement, which was specific to the centre had not yet been put in place.

Site specific risk assessments had not been undertaken.

2. 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:

The Registered provided will ensure that a Health and Safety Statement and site specific risk assessment will be in place prior to the 15.2.18

Proposed Timescale: 15/02/2018

Theme: Effective Services

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

The installation of the fire alarm system had only been partially completed, certificates in relation to same were not available in the centre.

Fire fighting equipment had not yet been put in place.

3. Action Required:

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

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

The registered Provider will ensure that the fire alarm system is fully installed 22.12.17

The Registered Provider will ensure that the Fire Certificate is forwarded to the HIQA inspector 22.12.17

The Registered Provider will ensure that Fire Fighting Equipment is in place in the designated centre. 31.01.18

Proposed Timescale: 31/01/2018

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:

A secure storage press for medication was not available in the house and had not yet been ordered at the time of inspection.

4. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Person In Charge will ensure that a medication cabinet is purchased and fitted in the designated centre before 15.02.18

Proposed Timescale: 15/02/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The information presented in relation to the person in charge and house manager were incorrect.

5. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Registered Provider confirms that the Person In Charge for the designated centre is Mary Clarke and at a local level Aisling Digney.

Aisling Digney will be the Person In Charge when she receives her management qualification. Aisling Digney has attended a Managing essentials course and will receive her qualification in March 2018.

Proposed Timescale: 31/03/2018