

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by North West Parents and Friends Association
<b>Centre ID:</b>	ORG-0008140
<b>Centre county:</b>	Sligo
<b>Email address:</b>	rsw@iolfree.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	North West Parents and Friends Association
<b>Provider Nominee:</b>	Evelyn Carroll
<b>Person in charge:</b>	Evelyn Carroll
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Damien Woods;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## **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 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From: 08 May 2014 14:00 To: 08 May 2014 19:00

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 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this centre carried out by the Health Information and Quality Authority (The Authority). It was announced and took place from 14:00hrs to 19:00 hrs. The initial part of the inspection took place at the organization's head office where inspectors met with the Provider representative/Person in Charge, (This is a joint post and will be referred to as Person in Charge throughout this report) and reviewed documentation with regard to the governance and management of the centre, staff files and key policies.

The designated centre is part of the service provided by the North West Parents and Friends association (NWPF) in Sligo. The NWPF provides residential, day services and education services to both male and female adults and children, with an intellectual disability, in Counties Sligo and Leitrim.

This designated centre provided support and accommodation to both male and female who have a mild to moderate intellectual disability on a part-time basis from Monday to Friday each week. The service users are transported home by the service on a Friday afternoon returning on Monday am. Inspectors met with the staff member and all service users at the centre and a relative.

Staff confirmed that the service users were informed of the inspection and this was confirmed by service users. The inspectors received the consent of the service users to enter their home and review documentation with regard to them. Service users reviewed their case files and Person Centred Plans with the inspectors. Service users

accompanied the inspectors while they viewed their bedrooms and communal areas. The designated centre was clean, tidy and decorated in a homely manner.

Overall, the inspectors were told by service users that they enjoyed living in their house and felt that they were provided with a good quality service. They described how they were able to exercise choice in the running of the service and could make decisions and choices over how they spent their time. One person told us she wanted to do pottery. This was discussed with the Person in Charge who said that this would be arranged. All service users attended the day centre from 09:30hrs to 17:00hrs daily where they participated in a range of activities. Service users had been accommodated at the centre for a number of years.

Inspectors found that in the main there was evidence of good practice in the service, however, some improvements were required in order to comply with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Areas of non-compliance related to risk management, ensuring the changing needs of service users were assessed, addressed and planned for appropriately and use of assistive technology. These are discussed further in the report and included in the Action Plan at the end of this 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 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

**Judgement:**  
Non Compliant - Moderate

**Findings:**  
Each resident's personal plan contained a comprehensive assessment of their health, personal and social care needs. Inspectors spoke to the PIC with regard to the admission process adopted in the centre and what would occur if a resident did not settle into the home. The admission process is slow and planned with the service users

attending the day service, having a comprehensive assessment, attending the home, seeking information as to whether they are compatible with the other service users.

Inspectors found evidence of a person-centered approach being promoted that met the health and social care needs of service users. The inspectors found that each resident had had a personal file and that the daily notes for service users detailed their daily activities and what difficulties they may have encountered throughout their day both from a holistic perspective.

Inspectors found that service users, relatives and members of the multi disciplinary team were involved in the development of their personal files. The personal file consisted of a folder with photographs of some activities undertaken by service users. Service users were eager to show the inspectors their personal plans and could relay to the inspectors some of the information that was contained in the file, however there was a considerable amount of information in written format which was inaccessible to service users. Consideration is required to make the person centred plans more user friendly and accessible to the resident by use of assistive technology such as communication aids, digital photo frames and picture timetables.

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems. Service users confirmed that their plan was reviewed regularly and had a complete review annually or more often if required. They confirmed that they were involved in this review. Service users had access to an advocacy service.

#### Social Activities

Inspectors found that there were opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for service users in day services five days a week. Two service users told inspectors they enjoyed cooking, however while service users had an opportunity to bake in the day service they were not given an opportunity to assist with cooking the evening meal. Inspectors recommend that consideration is given to this to increase the resident's independence.

Service users attended a social club one night a week run by the service. Service users informed the inspectors that they would occasionally attend activities in Sligo Town or go out for a meal. Consideration should be given to the development of a leisure buddy system to assist service users with developing evening leisure activities and providing service users with inclusion in activities in the community.

#### Education and self actualisation

As part of the social care of service users the centre runs an education programme. This programme consists of activities which develop personal, social, independence and work skills. Some residents have completed some of the modules and have obtained certificates of achievement.

Service users expressed their views to inspectors and comments included "I like to go out for a meal and we go out each month for dinner, Staff will take time and talk to me,

I can understand the staff when they talk to me”

**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

**Judgement:**

Non Compliant - Moderate

**Findings:**

'Rathedmond' is a four bedded two storey community house. One bedroom has an en-suite toilet on the ground floor and there is a communal toilet and shower upstairs. Currently the house currently accommodates two male and two female service users. At the time of inspection there were three service users in the centre, one resident was on leave at home with his family. Communal space includes a kitchen cum dining room sitting room and a well manicured garden.

The inspectors were informed that the designated centre had capacity for five adults and four were accommodated on the day of inspection. If five residents were accommodated, two residents would need to share a bedroom. Inspectors spoke with the service user who would have to share a bedroom. He stated he liked having the bedroom to himself and staff confirmed that he often went to his room to play his chosen musical instrument and spent private time there. In order to ensure that the individual privacy and dignity rights of service users are protected, as this is a four bedded house with one communal shower and the only private space available to service users is their bedroom, inspectors formed the opinion from speaking with service users that the house was only suitable for four service users. Additionally, if a visitor attends the home and a service user shares a bedroom there is no private space to meet visitors without impinging on the rights of other service users, if the service user and their visitor use the dining room as it is a kitchen cum dining room other residents can't access the kitchen, if the service user and visitor use the sitting room other service users have no access to a television or a relaxed seated area. This was discussed with the Person in Charge.

Service users informed the inspectors that they accessed the garden weather permitting.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Moderate

**Findings:****Risk Management**

The organisation had a policy and governance statement on risk management, which identified its corporate governance procedures on risk identification, description, and risk rating, but the policy does not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. The person in charge did confirm some areas missing from the risk assessment, such as unexpected absence of a service user and accidental injury were covered in separate policies. However accidental injury to service visitors or staff, aggression and violence and self harm were not covered in any policies.

Inspectors viewed a number of service users risk assessments and found evidence that risk assessment processes and systems were being operated and staff took a proactive approach to mitigate risk to residents. Appropriate measures and actions to control risks for the resident were in place. These were being used to ensure that service users could participate in activities with identified controls and supports in place to ensure the safety of service users. Inspectors were told by service users that they were given a level of independence in their daily lives, for example they could access the garden as they wished, the front door was open and they could assist with making tea.

An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. The Person in Charge told the inspectors that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained. It was noted that there were no thermostats on the showers, as a consequence of this staff set the temperature of the shower for service users prior to showering. This does not protect the resident as they could turn up the temperature and also does not support the service users having the highest possible level of independence. The Person in Charge informed the inspector post inspection that she had sourced these thermostats and same were ordered for installation. Window restrictors were not in place on windows and there was no risk assessment in place to support this.

Accidents, incidents and near misses were recorded and reviewed to try and limit re-occurrence. Accident and incident recorded were reviewed by Person in Charge and discussed at a monthly quality and risk group. Staff had completed food hygiene training. The kitchen was noted to be clean and inspectors viewed the daily records demonstrating records of temperatures of food, fridges and freezers.

**Fire management**

A policy was available on fire safety. Inspectors spoke with staff and they were knowledgeable about what to do in the event of a fire. Inspectors also spoke with service users and they displayed a awareness that if the fire alarm sounded they would have to evacuate. The fire extinguishers were serviced on an annual basis and documentary evidence was available of this, however there was no service record

available for quarterly servicing of the fire alarms. This was discussed with the Person in Charge who showed the inspectors a contract the organisation had agreed to service the fire alarms quarterly as required by current legislation. Fire safety training had taken place and included evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre.

#### Moving and Handling

Inspectors reviewed staff training records and found that staff had received training in safe moving and handling of service users. All service users were independently mobile.

#### Infection Control

An infection control policy was available and staff were aware of infection control procedures. Staff had received training in hand hygiene and posters were available over hand washing sinks detailing good practice guidelines. Staff were aware of laundry procedures should there be an outbreak of infection.

### **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

#### **Judgement:**

Compliant

#### **Findings:**

Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. Refresher training is repeated regularly. The inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The staff member on duty was aware of the name and contact details of the designated contact person and confirmed that she was aware of this policy, and of the responsibility to report any allegations or suspicions of abuse. Service users informed inspectors that they felt safe and well cared for by staff and could talk to staff. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service. There were policy guidelines on "responding to challenging behaviour". Staff informed the inspector that currently no resident in the home was displaying challenging behaviour.



### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Judgement:**

Compliant

**Findings:**

Staff and service users described good access to the local general practitioner and there was evidence available of this in files reviewed. An out of hours service was also available. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required.

Inspectors spoke with two service users with regard to the food. They said that they enjoyed the food and stated "the food is good. We are asked what we want every week at our house meeting" and "we always get what we chose". Inspectors saw from minutes of service users meetings that food had been discussed and menus agreed. Service users supported by staff completed the weekly grocery shop. This showed that service users were given the opportunity to make their views known and have them taken into account about what food they liked and wanted. Care plans contained information about food that people liked and disliked.

Staff informed the inspectors that multi-disciplinary team meetings occurred as needed but currently service users did not require access to any allied health professionals.

### **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Judgement:**

Compliant

**Findings:**

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users. One resident was prescribed medication at the time of inspection, this was available via blister pack. The staff member displayed a working knowledge of the rationale for the requirement of the medication. One of the inspectors reviewed the prescription record and medication administration record and found that documentation

was complete.

Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection.

There was a system in place for the reporting and management of medication errors. Staff spoken with knew what process they had to follow if they made an error. The staff member stated that she was not aware of any medication errors to date. The resident spoken with was happy to take her medication and felt that it "helps me".

#### **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

#### **Judgement:**

Compliant

#### **Findings:**

The person in charge/provider is a joint post known as the services manager (Person in Charge). She is based at the day service facilities and generally works 09:00 hours to 17:00 hours. She has been working in the service for over 30 years.

The Person in Charge is responsible for three houses in Co. Sligo and is the provider representative for two houses in Co. Leitrim (one of which is a children's residential service). She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal needs of each resident. She was in regular contact with staff and staff confirmed that she visited each residential centre regularly.

Overall, inspectors found that there was an effective management system in place, clearly defined management structures and the Person in Charge had the required skills and experience to manage the designated centre. Staff and service users were clear in relation to lines of authority and service users were able to identify the Person in Charge.

The Person in Charge outlined the arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss any issues relating to the running of the home and ensure the welfare of service users was protected. Meetings between care assistants (who supervise and support service users in the designated centre on a day to day basis) and the Person in Charge took place regularly and minutes were available of these meetings. Care assistants confirmed that the Person in Charge was supportive and approachable and they would have no hesitation in discussing any aspects of concern

with her. There was a good communication process between the day and residential services. Care assistants reported each morning to the registered nurse in day services. An integrated day and residential communication file was in place where all information pertinent to the resident was available to the staff in the home. This was transported by staff on a daily basis between the home and the day service.

**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

**Judgement:**

Compliant

**Findings:**

The staff member on duty was pleasant and welcomed the inspectors. Inspectors observed that the staff member knew service users well and there was a relaxed and comfortable environment in the home. The staff member stated that she "enjoyed working in the house and felt that the standard of care provided to service users was very good", She described how she would try to ensure that all service users views were heard and would help them to achieve their goals and wishes.

**Staff Support and supervision**

Staff and service users were complimentary of the Person in Charge and confirmed that they knew the Person in Charge and see her regularly. Staff confirmed that the Person in Charge was freely available by phone out of hours and if she was away, a deputising person was put in place. This was communicated to the residential house by memo. Regular staff meetings were held, where staff from all the residential services met with the Person in Charge. The Person in Charge also dropped into the residential house on an ad hoc basis for a cup of coffee to see staff and service users.

The inspectors noted adequate staffing levels to meet the needs of service users at the time of inspection. There was normally one staff member on duty in the evening that slept overnight in the home. A staffing roster showing staff on duty was available. Inspectors observed the staff member addressing the service users respectfully and chatting with the service users having a cup of tea with them and talking about their day. The staff member prepares the dinner which is chosen by the service users at their weekly meeting prior to the service users returning from the day centre. Inspectors observed the dinner being served which looked wholesome, healthy and nutritious. Service users confirmed that the food was good. One resident was making a rug, another one was watching TV in the sitting room, while the other resident was chatting to the staff member. Service users told the inspectors that they did not have to wait an

excessive time for assistance with personal care or to access a staff member on any occasion.

The inspectors reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspectors reviewed six staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

The organisation valued their staff and was committed to providing ongoing training to staff. Staff had attended training in health and safety and risk management, protection and safety of vulnerable adults, epilepsy management, first aid, person centred planning, report writing, dementia training and dysphasia. There was a training plan in place for 2014.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Mary McCann  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by North West Parents and Friends Association
<b>Centre ID:</b>	ORG-0008140
<b>Date of Inspection:</b>	08 May 2014
<b>Date of response:</b>	03 July 2014

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

The inspectors found that two service users told them they enjoyed cooking, however while service users had an opportunity to bake in the day service they were not given an opportunity to assist with cooking the evening meal. Inspectors recommend that consideration is given to this to increase the resident's independence and ensure the highest possible level of functioning.

**Action Required:**

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

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

- Staff at the residents weekly meetings have discussed the above and a plan has been

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

agreed in relation the residents assisting with the preparation of the meals that they have chosen which will assist them in transferring their skills acquired in Day Service to their home.

- All of the residents in this house have been given the opportunity to attend cookery classes in the day service funded by National Lottery. Tutor has written a cookery book "Just Look and Cook" (A visual guide of easy recipes for everyone) which is used in the cookery classes and will be used in the home.

**Proposed Timescale:** 03/07/2014

**Theme:** Effective Services

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

Some of the information that was contained in the personal plan was inaccessible to service users. Consideration is required to make the person centred plans more user friendly and accessible to the resident for example by use of assistive technology such as communication aids, digital photo frames and picture timetables.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- One resident - non verbal who communicates by writing and the use of LAMH now has in place picture timetables for her own use displaying activities in her home and her routine for each week to include, travelling to and from day service and home and she operates this timetable herself.
- Staff have discussed with the residents the digital photo frames and their choice is not to purchase digital photo frames but to extend their existing life story book with a new photo album.
- Meeting to be arranged with personnel from HSE to discuss and give advice on assistive technology for residents.
- Personal plans are being reviewed with residents personal choices and goals are now being reflected by pictures as well as written.

**Proposed Timescale:** 30/10/2014

**Theme:** Effective Services

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

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- A Meeting is scheduled with the HSE for Friday 4th July, 2014 for service providers in relation to community group home placements highlighting changing needs of service users in low support community group homes.
- The transition plan is determined from the information written in each person's plans of care developed as a result of nursing assessments and assessments completed by the MDT.
- Plans of care are constantly reviewed highlighting changes in circumstances with the appropriate referrals and action plans followed by a full MDT meeting including family or advocate.
- If alternative suitable placement is required this is processed through the Adult Referral Committee, HSE who in turn make recommendations and a placement is sourced over a period of time within the ID services, however with the congregated settings report we now need to revisit the long term planning to meet the changing needs of all our residents. This will be addressed at our annual reviews together with reviewing our Contract of Care with families when we are clear on what the National Policy is on people with ID accessing generic nursing homes.
- The transition plan will be clearly documented and discussed with residents and family in conjunction with our existing Easy to Read End of Life Care Plan and our existing booklet "Think Ahead - Speak for yourself".

**Proposed Timescale:** 25/11/2014

**Theme:** Effective Services

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

Service users attended a social club one night a week run by the service. Service users informed the inspectors that they would occasionally attend activities in Sligo Town or go out for a meal. Consideration should be given to the development of a leisure buddy system to assist service users with developing evening leisure activities and providing service users with inclusion in activities in the community.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- Discussions have taken place with service users
- 4 people have been identified and Garda Vetting has been successfully completed on 2 of the above.
- This will contribute to our service users availing of additional activities in the community.

**Proposed Timescale:** 01/09/2014

### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

In order to ensure that the individual privacy and dignity rights of service users are protected, as this is a four bedded house with one communal shower and the only private space available to service users is their bedroom, the house is only suitable for four service users.

**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:**

- Email to LD Manager HSE advising of this house only suitable for 4 service users.
- For discussion at HSE meeting scheduled for 4th July, 2014

**Proposed Timescale:** 15/07/2014

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The organisation had a policy and governance statement on risk management, which identified its corporate governance procedures on risk identification, description, and risk rating, however, the policy did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events.

Accidental injury to service visitors or staff, aggression and violence and self harm were not covered in any policies.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- Existing Risk Management Policy will be reviewed at our QSRM meetings to include and reference all policies under Regulation 26

**Proposed Timescale:** 25/11/2014



**Theme:** Effective Services

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

There were no thermostats on the showers.

Window restrictors were not in place on windows and there was no risk assessment in place to support this.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- Thermostats fitted 2nd July, 2014
- Window restrictors scheduled to being fitted on 7th July, 2014

**Proposed Timescale:** 07/07/2014