

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005095
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 24 February 2016 11:00 To: 24 February 2016 18:30

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

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an unannounced monitoring inspection of a designated centre owned and operated by Brothers of Charity Services Ireland (hereafter called the provider). This designated centre comprised of two locations on the outskirts of an urban area. One unit was a respite service that was closed on the inspection date and was therefore not inspected. The second unit was a house where five male residents lived with the support of a staff member. All residents were met and spoken to as part of this inspection. Residents were very complimentary about the service they received and the staff that worked with them.

Overall the inspector found that this centre provided good care to the residents living in this designated centre. However there were some areas identified that required improvement with the Regulations and Standards. For example:

- Resident's individualised assessment and personal plans,
- Risk management and Control Measures,
- Safeguarding planning and Review,
- Notification of Incidents to HIQA.

As part of this inspection, the inspector met with residents, the person in charge (at preliminary feedback), members of management, social care staff, a volunteer and visitor to the centre.

Inspectors found that residents were provided with a good standard of service within this centre and residents presented as content and very comfortable in their home and with the staff and management present at inspection.

All areas of compliance and non compliance are discussed in more detail in the main body of the report and in the accompanying action plan that outlines the failings identified that did not meet the requirements of the Regulations and Standards.

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 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents were well supported to communicate at all times. Effective and supportive interventions were provided to residents if required to ensure their communication needs are met.

There were residents with varying communication support needs. For example, some residents communicated verbally and clearly articulated to the inspector how they communicated within the designated centre. These residents spoke of how accessible staff and the person in charge were and that they knew who to go to if they needed support.

Other residents had appropriate communication guidance in place and detailed information in personal plans regarding communication needs. The inspector found that these plans were reviewed and effective. Staff demonstrated good knowledge of residents communication support needs and showed the inspector specific communication aids regarding some residents. For example, visual aids, pictorial exchange communication, sign language and communication diaries. Residents showed such diaries to the inspector which contained important information and were updated throughout the day by staff so as residents were kept fully informed as to what was happening in the centre.

Residents were communicated with by staff and co-workers with dignity and respect and were observed doing so continually over the course of this inspection.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Personal plans were found to be drawn up for residents however some personal plans required review and updating.

The inspector reviewed a number of personal plans which contained care plans for all aspects of service provision and care for residents. Residents had person centred plans that outlined goals and objectives for residents. For example, residents who wanted to participate in community activities, attend local classes and go on holidays. The inspector found that some goals/objectives were defined in terms of persons responsible for providing support and the timeframes they were to be achieved. However some person centred plans had not been reviewed and updated appropriately since 2014. Some plans had repetitive objectives (same annual goals being repeated) and required further detail as to timeframes and persons responsible to assist and support residents to achieve their goals.

The inspector found that the person in charge had a system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident. However while it was identified on 19 August 2015 that all personal plans would be up to date and fully reviewed by November 2015, this had not occurred for all residents personal plans.

In discussing social care needs with residents the inspector found that residents enjoyed going to music events/outings, the pub, going to GAA matches, and mass. The inspector found that residents had busy schedules and good levels of social activities in their lives. Residents told the inspector they had good opportunities to pursue interests and preferences within and outside the designated centre. Residents had their polling cards ready to vote in the general election and showed the inspector photographs of holidays and activities they enjoyed doing.

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:

The inspector found that some risks were identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found clinical, behavioural and environmental risks were identified and documented in the centre. However the inspector noted some risk areas were documented/reported inconsistently and a risk assessment reviewed did not contain sufficient control measures based on evidence reviewed on this inspection.

The inspector found that there was policy, procedure and protocols in place regarding:

- Risk Management
- Health and Safety
- Safety Statement
- Health and Safety Checklists
- Emergency Response and Evacuation Plans
- Fire Register and Procedures.

The inspector found risk assessments were carried out and reviewed in relation to the risk of residents remaining in the house alone, risk of using electrical appliances, risk of scalds and risks associated with residents walking to and from the centre independently.

The inspector observed controls in place to alleviate some of these identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes. For example when one resident arrived home earlier than expected on the date of inspection a phone call check was made by the residents day services to ensure the resident got home safely.

Another resident who had a fall in the centre had a completed risk assessment and support plan updated and reviewed to ensure this residents needs were met following this incident.

The inspector found that while the person in charge had good systems in place to identify, assess and manage risks within the designated centre, there was improvement required in some areas. For example there were some contradiction's found in a risk

assessment pertaining to a residents' behavioural risks and presentation. The control measures identified and prevalent in respect of this resident did not appropriately mitigate the hazards identified. The risks involved included residents whereabouts, theft, driving a vehicle and engagement in criminal activity.

The inspector reviewed the accidents and incidents for the designated centre, and found a system of recording was in place to address incidents. However there was some inconsistencies in the reporting of incidents. For example, it was not clear when speaking with staff why some staff would complete a confidential file note as opposed to an incident reporting form. In reviewing a number of confidential file notes the inspector found the content of these file notes met the organisations criteria for incidents/accidents. However there was only one incident report recorded for 2014 and one incident report for 2015 shown to the inspector. This area requires further review to ensure the consistent reporting of incidents, accidents and near misses in the centre.

There were no issues identified regarding infection control issues on this inspection.

The inspector found that the fire detection and alarm systems, fire fighting equipment and emergency lighting were routinely checked and serviced by a qualified professional. There was evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre. However further improvements were required regarding resident safeguarding planning.

Residents informed the inspector they felt safe and protected in their home and identified the person in charge and staff as supportive and helpful. The inspector found policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff spoken to were familiar with reporting procedures. The inspector was satisfied that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

The inspector reviewed practices in relation to the protection of the resident's finances and found an effective system in place in the designated centre to safeguard residents' monies. Appropriate training had been completed by staff in the areas of protecting vulnerable adults and managing aggressive behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements.

The inspector found that further safeguarding planning was required regarding a resident who engaged in 'at risk' behaviours. The inspector reviewed a brief safeguarding plan in place and a support agreement dated 6 February 2014. Given the incidents and behaviours reviewed, the inspector found that further assessment and guidance for staff was required in respect of the on-going safeguarding measures in place to protect and safeguard this resident.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The inspector found that there were systems in place to record and review all incidents occurring within the designated centre. There were a number of notifications sent to HIQA and the staff and management spoken to were aware of their regulatory responsibility regarding notifications.

However the inspector found some examples whereby incidents were not notified to the Chief Inspector as required by the Regulations. For example, an allegation of financial abuse and an unexplained absence from the designated centre were not notified.

In addition, a number of unplanned evacuations that occurred within the centre had not been notified to HIQA within the required timeframe.

Judgment:

Non Compliant - Moderate

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:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., optician, social work, psychiatry, psychology and chiropody.

Residents had access to specialist services and hospital appointments when and where required. The inspector saw evidence of the close monitoring of weight loss and there were diet and nutritional assessments found in place for residents requiring same.

Residents healthcare documentation was maintained to a good standard and was clear and accessible. For example, assessments and appointment schedules/calendars were evident in resident's plans reviewed. It was clear that the person in charge ensured residents were supported and facilitated to have their healthcare needs met to a good standard with continual access to appropriate health care facilitated within the centre.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector sat with residents at dinner time and observed the mealtime experience. Residents highlighted that they had choice regarding what they ate and when they ate. The inspector observed a relaxed environment and warm, comfortable atmosphere in the house at dinner time.

Residents were found to participate in shopping and the preparation of food and meals in the designated centre if they chose to do so. Residents informed the inspector that they were very happy with the food in the designated centre. The inspector observed menu choices, healthy eating information and residents having the freedom to choose and access food and drinks as they wished.

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:

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. Medication policies and protocols were in place and there were systems in place to monitor medication practices.

For example the inspector found:

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription, transcribing and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- There were no controlled medications in the designated centre.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- Medication was observed to be administered to residents in a professional and caring manner.
- Residents informed the inspector that they were happy with their medication and how it was administered.
- The inspector found medication auditing of a good standard within the centre.

Overall the inspector found staff professionally knowledgeable and competent regarding the safe medication management practices within the designated centre.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that support residents. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation. As this was an unannounced inspection the person in charge was not on duty on the inspection date. The person in charge had been met and interviewed on other inspections of other centres and found to meet the requirements of the Regulations.

A person participating in management was deputising and facilitated the inspector throughout this inspection. This person had over 20 years experience with the organisation in a variety of roles/locations and had considerable experience in the provision and management of residential services for people with intellectual disabilities. This person also possessed appropriate qualifications in social care and management and demonstrated a good understanding of the Regulations and Standards. The inspector found the centre was managed by suitably qualified, skilled and experienced persons with authority, accountability and responsibility for the provision of the service.

The inspector found audits carried out in the designated centre in areas such as health and safety, fire safety, complaints, medication and records and documentation. The inspector found evidence of unannounced visits and quality audits and action plans devised by the providers management team. For example, work was seen in area's of improving the premises, implementing care planning and risk assessments. While some of these areas were marked as 'on-going' there was also many areas marked 'completed' following internal action plans being implemented. An annual review was also provided following inspection. The quality of management was found to be of a good standard in this designated centre. The person in charge attended the preliminary feedback following this inspection.

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 appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff were found to be appropriately supervised, and were recruited, selected and vetted in accordance with best recruitment practice.

Residents informed the inspector that staff were very good in the centre and named the regular staff and the person in charge and management as being approachable and supportive to them. Residents presented as very comfortable with the person participating in management and staff over the course of this inspection.

The inspector found that:

- Schedule 2 requirements were met regarding the staff (There was a review of same conducted at the providers head office) and all of the required information was found present in staff files such as proof of identification, Garda vetting and evidence of qualifications.
- Staff were continually provided with training and refresher training in mandatory areas such as first aid, fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and safe administration of medication.
- Additional centre specific training was provided as required. For example, epilepsy management and relationships and sexuality training.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the number of staff present.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- There was an appropriate system in place regarding the use volunteers within the organisation. A volunteer was met as part of this inspection who was facilitating a resident from another centre visiting a friend in the centre.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards.

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:

Conor Brady
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 Brothers of Charity Services South East
Centre ID:	OSV-0005095
Date of Inspection:	24 February 2016
Date of response:	21 April 2016

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 05: Social Care Needs

Theme: Effective Services

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

Some resident's personal plans were not appropriately reviewed and updated.

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

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A review of all personal plans will be undertaken to ensure that objectives are appropriate to resident's needs, that they have a time frame and a person designated to ensure that they are achieved. Also that these ongoing actions are appropriately documented.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Some personal plans were not reviewed and appropriately recorded and personal planning objectives did not contain the names of those responsible for pursuing objectives in the plan within agreed timescales.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

A review of all personal plans will be undertaken to ensure that objectives are appropriate to resident's needs, that they have a time frame and a person designated to ensure that they are achieved. Also that these ongoing actions are appropriately documented.

Proposed Timescale: 31/07/2016

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:

Some risk management control measures and risk/incident reporting systems were not found to be robust and consistent.

3. 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:

A review of Risk management will be undertaken and Risk assessment carried out to ensure they are robust and address identified issues.

Proposed Timescale: 30/06/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was not appropriate safeguarding planning and guidance evident for one resident who required same.

4. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Safeguarding planning and guidance will be undertaken in line with Risk assessment and Safeguarding policy for the identified individual. This will be appropriately documented.

Proposed Timescale: 30/06/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Unplanned evacuations were not notified in all cases within the required timeframe.

5. Action Required:

Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

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

All notifications including unplanned evacuations will be notified to HIQA within the timeframe.

Proposed Timescale: 21/04/2016

Theme: Safe Services

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

An incident of unexplained absence was not notified.

6. Action Required:

Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

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

All notifications will be referred to HIQA in a timely manner.

Proposed Timescale: 21/04/2016

Theme: Safe Services

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

An allegation of financial abuse was not notified.

7. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

This incident will be reviewed and appropriate documentation will be forwarded to HIQA.

Proposed Timescale: 15/05/2016