

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group B - Community Residential Service Limerick
Centre ID:	OSV-0003940
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Geraldine Galvin
Lead inspector:	Cora McCarthy
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

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: 29 June 2017 09:15 To: 29 June 2017 18:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 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

Background to the inspection:

This was a 10-outcome inspection carried out by the Health Information and Quality Authority (HIQA) monitor compliance with the regulations and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, inspectors met with all residents who reported that they were happy with life in the centre, their choices were promoted at all times and they were supported to access activities in the community. The inspectors reviewed documentation such as policies and procedures, risk assessment and templates. Interviews were carried out with the person in charge, staff and residents.

Description of the service:

The centre comprised two two-storey semi-detached houses located in a suburban area close to large city. The service is available to adult men and women who have intellectual disabilities. One house has five residents and the second house has five full-time residents and two respite residents.

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as

it was described in that document.

Overall findings:

The inspector found major non-compliance in one core area: inadequate fire safety precautions (Outcome 7). Fire safety issues were noted in a report by a suitably qualified professional in August 2014. The inspector was not satisfied that the provider had put systems in place to address all actions as outlined in that report. The provider representative concurred with this finding.

Good practice was identified in the following areas:

- Residents had access to advocacy and complaints services (outcome 1)
- An appropriate assessment of social care needs for residents was completed (outcome 5)
- Safeguarding and safety of residents (outcome 8)
- Residents' healthcare needs (outcome 11)
- Safe medicines management practices were in place (outcome 12)
- Governance and management (outcome 14).

The inspector found improvements were required in the following area:

- Inadequate fire safety precautions (outcome 7)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The residents with whom the inspectors spoke with stated that they felt safe and spoke positively about their care and the consideration they received. Interaction between residents and staff was observed and inspectors noted that staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Systems were in place to promote the involvement of residents and their representatives in the centre. An advocacy representative had been appointed by the residents and there was also an independent advocate whom residents had access to. The inspector spoke with the advocacy representative who outlined that she met the provider representative regularly to discuss feedback from local meetings and from individual residents. The advocacy representative confirmed that the provider representative was approachable, effective and always endeavoured to 'do her best' to facilitate resident choice.

The resident advocate gave the example of an issue she brought forward with regards to a sensor light for the back garden. This was addressed; the sensor light was in place on inspection and this matter was also noted in minutes of advocacy meeting.

Staff were observed providing residents with choice: for example; residents chose to have a barbeque one evening. Staff facilitated residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were encouraged to choose their activities for the day. The inspector saw that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

Inspectors observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed knocking on bedroom doors before entering. A bedroom was shared by two residents and efforts had been made to provide each resident with privacy by the provision of a screen between the two beds. One resident was offered a single room in alternative accommodation but declined preferring to remain in the designated centre.

Suitable locks were provided on the doors of toilets and sanitary facilities to support all residents to adequately and safely maintain their privacy and dignity. Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care; specific requirements were outlined in their intimate care plans.

Residents' personal communications were respected. Some residents had their own personal mobile telephones and all had access to the telephone provided in the centre. Wireless Internet was provided throughout and there was access to a computer in the main sitting room.

The centre had a complaints policy which was also available in an accessible format. The complaints policy identified the nominated complaints officer and also included a clear appeals process as required by legislation. The policy was displayed prominently on a whiteboard in the kitchen in both service unit A and service unit B.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also recorded whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt. One complaint which was reviewed by the inspector will be discussed further under outcome 8.

Residents were encouraged and facilitated to have control over their own possessions. There was adequate space provided for storage of personal possessions. An inventory of personal possessions was maintained and updated regularly in line with the centre-specific policy. Residents were supported to do their own laundry if they wished and adequate facilities were available.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were completed annually for each resident which outlined the supports and training needs, if any, required. Staff outlined a transparent and robust system for the management of residents' finances and for those residents who required support in this area. An itemised record of the all transactions with the accompanying receipts was kept.

Residents were facilitated to exercise their civil, political and religious rights. Easy-to-read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote and were supported to access religious services and

supports in line with their wishes.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

A sample of residents' plans was reviewed. A comprehensive assessment of the health, personal, social care and support needs of the resident was completed annually; it was individualised and person centred. The assessment formed the basis of an individual plan of care for each resident which outlined residents' needs in many areas including communication, comprehension and decision making, eating and drinking, mobility, personal care, safe environment, sensory needs, spirituality and relationships. The resident and representatives were consulted with and participated in the development of the plan of care. The inspector observed that the care and support delivered was person-centred and individualised.

Goals and objectives were clearly outlined, including the person responsible and timeframes for achieving goals. There was evidence of resident involvement in agreeing and, or setting these goals. There was also evidence that individual goals were achieved and a 'how I achieve my goals' form was in place. For example, one resident's goal was to redecorate their bedroom and there was evidence that they were supported to do so. Person centred plans capturing residents' goals were made accessible for residents to view.

The person in charge outlined that the personal plan was subject to a review on an annual basis to ensure it was being implemented appropriately. The inspector saw evidence that the review was carried out with involvement from the resident and their family. The review assessed the effectiveness of the plan and reviewed the goals that had been identified.

The inspector noted that each resident had opportunities to participate in meaningful

activities appropriate to their interests.

There was evidence of multidisciplinary team involvement for all residents, in line with their needs, including psychiatry, speech and language therapy, general practitioner (GP) and psychology services. Changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate.

Judgment:
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):

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

Findings:

While the designated centre sought to promote the health and safety of residents, the recommendations of fire safety risk assessments had not been implemented in full.

The designated centre comprised two separate units located in different housing estates. Each unit underwent a fire safety risk assessment in August 2014 by an external company who made various recommendations around the provision of fire safety. The previous inspection of this centre in April 2016 found that while some of the recommendations such as installing suitable fire alarms and emergency lighting had been carried out, other recommendation relating to fire containment, such as the installation of fire doors and fire proofing, had not.

Inspectors were informed at the outset of this inspection that this situation remained unchanged, with a lack of resources stated as the reason for this. As a result, the finding from the previous inspection remains unchanged. However, while reviewing the fire safety arrangements in one of the units it was noted that two recommendations from the relevant fire safety risk assessment, which were not resource dependent, had not been acted upon. The fire safety risk assessment had recommended that the attic area be kept free from storage and that an external escape route be kept clear of any obstruction. On the day of inspection it was observed that storage was still in the attic area while bins were located in the escape route.

A fire alarm system, emergency lighting, and fire fighting equipment, including extinguishers, were present in both units of the centre. Records of daily and weekly internal staff checks were seen by inspectors who were also provided with maintenance certificates for the fire extinguishers. However, while some maintenance certificates for

the fire alarm and emergency lighting were provided, these did not indicate that these had been serviced at quarterly intervals.

Fire exits were generally seen to be unobstructed on the day of inspection. All residents had personal evacuation plans in place which were noted to have been reviewed during 2017. Fire drills were carried out at regular intervals and appropriately recorded. Staff were provided with fire safety training and demonstrated a good knowledge of what to do should a fire emergency arise.

A safety statement and risk management policy were in place in the designated centre along with a risk register which was reviewed by inspectors. The risk register contained risk assessments which affected the centre as a whole along with risk assessments relating to individual residents. Copies of such risk assessments were also contained in residents' personal folders. All risk assessments were observed to have been recently reviewed. Risk assessments and guidelines were evidenced around the use and support of a resident while using a stair lift.

The changing needs of residents had resulted in increased risks within the centre, however, there was evidence that the provider was putting in place control measures in response to this and keeping the risks under close review. It was also noted that accidents and incidents occurring in the centre resulted in risk assessments being generated with control measures put in place as required.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

Risk assessment and care plans in relation to the behaviours of residents were in place where necessary. While reviewing such plans it was noted that some plans required further details to guide staff. For example, one resident had recently had new guidelines introduced to encourage positive behaviour. While this system was referred to in the relevant plan, the plan did not provide sufficient guidance as to how the guidance was

to be used. However, from talking with staff it was evident that staff were aware as to how this guidance was to be used.

Overall, inspectors were satisfied that measures were in place to protect residents from being harmed or suffering abuse and staff were provided with training in relation to this.

While reviewing documentation in the centre inspectors read a record of a complaint from one resident which related to the resident's intimate personal care. While this complaint had been responded to and investigated, it was disclosed to inspectors that the resident's intimate care plan had not been explicit in how a specific aspect of personal care was to be delivered. During the inspection the person in charge and representative of the provider outlined how relevant intimate care plans had been updated to ensure greater clarity following this complaint.

Inspectors were satisfied that there were appropriate measures in place to safeguard residents with regard to their personal finances. A system was in place to help residents manage their finances, which included log books, signed transactions, signed receipts and an audit process. Inspectors reviewed a sample of residents' finances and found that the balances and transactions recorded matched up.

A policy relating to restrictive practices was in place; this had been reviewed during the previous inspection. Quarterly notifications submitted to HIQA indicated that no restrictive practices were in use in the centre and inspectors did not observe any such practice during the course of this inspection.

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):

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

Findings:

Residents were supported on an individual basis to achieve and enjoy the best possible health. Inspectors reviewed a sample of care plans relating to healthcare and saw that a robust system was in place for the development, implementation and review of care plans. Evidence-based tools were used to assess each resident's healthcare needs. The assessments informed the development of individual healthcare plans. Healthcare plans contained individualised information to guide staff to support residents. Healthcare plans were updated when residents' needs changed and reflected recommendations from

members of the multidisciplinary team.

Residents' healthcare needs were met through timely access to healthcare services and appropriate treatment and therapies. A general practitioner (GP) of choice was available to each resident. Access to a GP was facilitated regularly and access was timely when residents became unwell. A hospital communication passport had also been developed for residents. There was clear evidence that where treatment was recommended and agreed by residents, this treatment was facilitated; for example; a referral was made by the GP for one resident to a foot care specialist. This was subsequently facilitated by the clinical nurse manager.

The management of epilepsy was in line with evidence-based practice. Residents were supported to attend regular reviews in relation to epilepsy management. Staff members in Service B who spoke with the inspector were able to clearly outline the management of epilepsy and seizures. Where rescue medicine was prescribed, the inspector noted that the medicine was available at all times and staff had been trained in the administration of this medicine. Individualised epilepsy care plans had been developed for all residents with a diagnosis of epilepsy which outlined type of epilepsy, description of seizures, identified triggers, medicines prescribed, frequency of review, 'rescue' medicines prescribed and management of seizures. In Service A, to support a resident's safe transition downstairs, a stair lift was being fitted.

Where referrals were made to specialist services or consultants, a clinical nurse manager supported residents to attend appointments. In line with their needs, residents had access to allied health professionals including occupational therapy, psychiatry, physiotherapy, speech and language therapist, dietitian, mobility, foot care, optical and dental services. A system was in place to ensure that referrals were followed up and this was overseen by the clinical nurse manager. An example noted was a referral to a foot care specialist; this appointment was facilitated and the resident was fitted for and received orthotics and toe correctors.

Inspectors saw that systems were in place to ensure that care and support at end of life or times of illness was provided in a way that met the resident's individual physical, emotional, social and spiritual needs. A process was in place to sensitively capture and document each resident's wishes; one resident expressed a wish to be buried with a parent who had died recently. Specialist services could be accessed through the local hospice and palliative homecare teams.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs.

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):

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

Findings:

Each resident was protected by the centre's policies and procedures for medicines management. A comprehensive medicines management policy was in place which detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. Inspectors spoke with staff who demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. Staff who administered medicines had received training in administration of medication and rescue medicines.

Medicines were stored securely in the centre and medicines requiring refrigeration were stored appropriately.

Some residents managed their medicines independently while other residents received some level of practical support to manage and administer medicines. A comprehensive and individualised assessment had been completed for each resident by the clinical nurse manager.

A robust system was in place for the safe ordering and receipt of medicines. Medicines were delivered from the pharmacy and nursing staff checked the medicines delivered against the prescriptions. Any discrepancies or queries were immediately addressed with the pharmacy before medicines were used. Many medicines were dispensed in monitored dose systems.

Inspectors saw that medication-related incidents were identified, reported on an incident form and there were arrangements in place for investigating incidents. Medication related incidents were analysed by the clinical nurse manager to identify trends and a number of measures had been implemented to prevent recurrence. For example, a new medication recording document had been developed and was being implemented within the designated centre.

A sample of medication prescription, administration records and monitored dose systems was reviewed. Medication administration records identified the resident, medicines on the prescription, the route to be taken, time of administration, and allowed space to record comments on withholding or refusing medications. It was demonstrated that medicines were administered as prescribed. However, one medication which had been discontinued was not signed off by the GP.

The person in charge outlined the procedure where medications no longer in use or expired were returned to the pharmacy. A written record was maintained of the medicines returned to the pharmacy in a docket book, which allowed for an itemised, verifiable audit trail. However, it was noted by the inspector that medication returned to

the centre from a resident's family home were not signed in appropriately and that rescue medicine was not signed out for one resident. The person in charge gave an undertaking to review this process.

A system was in place for reviewing and monitoring safe medicines management practices. An audit of medicines management documentation was completed regularly by the clinical nurse manager. The audits examined the aspects of the medicines management cycle including administration, documentation, storage and disposal of medicines. The audit identified pertinent deficiencies and the associated actions were completed in a timely fashion.

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):

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

Findings:

The quality of care and experience of the residents was monitored on an ongoing basis. Effective management systems were in place which support and promote the delivery of safe, quality care services.

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for the areas of service provision.

The social care leader was recently appointed (May 2016) as person in charge to service A and B and had the required qualifications, skills and experience. They were committed to their own professional development as demonstrated in the undertaking of a management training course. The person in charge demonstrated sufficient knowledge of the legislation and their statutory responsibility.

The person in charge was visible on the roster in both services and also had some protected hours for administrative responsibilities ensuring the governance and operational management of the centre on a consistent basis. Residents and staff could

identify the person in charge and reported that the person in charge and the provider representative were always accessible. The provider representative had regular scheduled visits to the centre; this was also noted in the minutes of meetings.

There was a comprehensive annual review of the quality and safety of care in the designated centre which outlined areas for improvement with an associated action plan. Inspectors also noted that there was effective oversight of the actions by the person in charge which promoted the delivery of safe, quality care services.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

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

Findings:

Inspectors were satisfied that there were appropriate staffing levels to meet the needs of residents.

Based on a review of staffing rosters, observation and the overall findings of this inspection, inspectors were satisfied that there were appropriate numbers of staff with the necessary skill-mix to meet the needs of residents at the time of this inspection. The changing needs of residents would require staffing levels to be reviewed on an ongoing basis which the person in charge and representative of the provider were aware of. Continuity of care was provided by the staffing complement in place while nursing support was available if required. Planned and actual rosters were maintained.

Inspectors brought to the attention of the person in charge the lack of awareness demonstrated by some staff when they described resident's particular behaviours. For the remainder of the inspection inspectors observed staff members engaging with residents in a caring and warm manner. Residents talked to also spoke highly of staff members.

There was evidence that staff had completed training in areas such as manual handling, fire safety, safeguarding, infection control and medicines management. However, records indicated that one staff member was due refresher training in medicines

management and two staff members were due training in prevention of infection.

Staff meetings were held on a three-monthly basis in each unit of the centre where issues such as residents' needs, safeguarding, training and audits were discussed. Supervision was provided in the designed centre. While formal supervision meetings were provided to staff, the person in charge outlined plans to ensure that regular staff supervision meetings were carried out.

Staff files were held centrally at the provider's head office and were not examined as part of this inspection. Inspectors were informed that there were no volunteers involved in the centre at the time of inspection although the provider's representative informed inspectors that they were hoping to recruit some volunteers in the future.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Cora McCarthy
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003940
Date of Inspection:	29 June 2017
Date of response:	01 August 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 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 recommendations of fire safety risk assessments carried out in August 2014 had not been implemented in full. The installation of fire doors, fire stopping, fire containment, the removal of storage from an attic area and the removal of obstruction from an escape route had not been carried out.

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 28 (1) you are required to: Put in place effective fire safety management systems.

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

We have reviewed the report by the fire consultant and confirm that of the nine risks identified six have been addressed in each of the residences including upgrading the fire alarm systems to L1 standard. The fire detection system and emergency lighting systems have been tested by a competent person for 2017. Storage from the attic space and all obstructions from an escape route have been removed.

The Service is committed to addressing the issues as outlined in the consultant's report. A costed plan in relation to the necessary works for each of the centres has been submitted to the HSE on 20/07/17 seeking additional resources with a view to completing the works. The HSE have indicated that they have forwarded this request to the Social Care National office and we are awaiting a response.

Proposed Timescale: 19/10/2017

Theme: Effective Services

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

Records provided indicated that the fire alarms and emergency lighting had not been serviced at quarterly intervals since the previous inspection of the centre in April 2016.

2. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The fire alarms and emergency lightning were serviced quarterly and certificates have been forwarded to the authority on 01/08/17.

Proposed Timescale: 01/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff were overdue refresher training.

3. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff are scheduled to attend all mandatory training including refresher training to support each staff continuous professional development programme

Proposed Timescale: 20/10/2017

Theme: Responsive Workforce

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

Inspectors brought to the attention of the person in charge the lack of awareness demonstrated by some staff when they described resident's particular behaviours.

4. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Individual staff will be met by the PIC and aspects of their communication related to their professional knowledge of residents' behaviour will be discussed and monitored through each staff supervision.

Proposed Timescale: 18/10/2017