



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

Name of designated centre:	National Association of Housing for Visually Impaired
Name of provider:	National Association of Housing for Visually Impaired CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	22 and 23 February 2018
Centre ID:	OSV-0001938
Fieldwork ID:	MON-0020801

About the designated centre

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

This community based residential centre is operated across four houses, all based in Co Dublin. The centre is situated close to local amenities such as shops, train stations, bus routes and churches, residents also had the use of three vehicles based within the centre. This residential centre is for adults both male and female who have visual impairments with additional disabilities. The centre is made up of four houses across two locations. Residential care and support is provided over a 24-hour cycle by care assistants, social care workers and the person in charge. The rota includes sleepover members of staff within each house. On the day of inspection 16 residents were living in the centre. Two residents were required to share a bedroom and all other residents had their own bedroom.

The following information outlines some additional data on this centre.

Current registration end date:	19/06/2018
Number of residents on the date of inspection:	16

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 February 2018	11:00hrs to 19:30hrs	Karina O'Sullivan	Lead
23 February 2018	10:45hrs to 16:30hrs	Karina O'Sullivan	Lead

Views of people who use the service

The inspector met with 15 of the 16 residents who were living in the centre. Residents were happy for the inspector to observe aspects of their daily life within their home. Some residents showed the inspector their home and other residents spoke with the inspector while having a cup of tea together. Residents' views were also taken from five questionnaire and feedback forms which were completed and returned to the inspector.

From speaking with residents it was evident they enjoyed living in centre and were happy there. It was also clear that residents were satisfied with the service being delivered, and equally if they were not, residents were aware to speak with the representative of the provider who was on site five days a week.

Residents discussed various aspects of their lives and achievements in relation to participating in community events with the inspector. They also told the inspector about activities available within the centre. These included gardening projects with the support of the horticulturist, spending time in the relaxation room, candle making and pottery. Residents were also involved in activities outside of the centre and attended the gym, horse riding, swimming and music classes. Other residents informed the inspector of their personal achievements such as gaining independence in traveling and how staff members assisted them to achieve this through specialised training.

Some residents told the inspector that they had part time work and these residents identified the fulfilment they received from their jobs within the community.

Capacity and capability

The inspector found the provider had inadequate oversight arrangements and significant improvement was required.

The inspector found that the provider's management structure did not set out clear lines of accountability and authority within the centre.

The registered provider did not demonstrate the quality and safety of the service were being monitored effectively. While audits were being undertaken, including the

annual review and six monthly visits as required by the regulations, there was no evidence that the information from the audits was being used to identify non-compliance or to inform improvements in the quality of the service.

The provider did not have adequate arrangements to ensure that policies to guide practice in the centre were up to date and that all of the policies required by the regulations were in place and being implemented. For example, there was no policy on the recruitment, selection and Garda vetting of staff, the temporary absence of residents or a policy on the management of records in the centre. In addition, other policies that were reviewed were not applicable to the centre or had conflicting information for staff. For example, there were a number of policies in place that covered the area of protection from abuse, safeguarding residents and supporting behaviours. On review of these policies, conflicting information on the correct reporting structures, the designated officers and the types of abuse were present. Information was not clearly outlined in one overarching policy. Some of these policies did not reflect the provisions in the national safeguarding policy and misinformed the reader.

The provider had ensured that there were adequate staffing to meet the needs of residents and had some nice practices in the recruitment process where potential staff were invited to meet residents for tea. However, the provider had not ensured that they obtained all of the information required by the regulations to ensure that staff were suitable to work with vulnerable adults. In addition, the staff rota was not accurately maintained.

Inspectors found that two staff had not received training in fire precautions and in moving and handling of people. In addition, the inspector found that the staff were not familiar with the Health Act 2007, the regulations and the National Standards. Staff were also not receiving formal supervision.

Actions from the previous inspection were not satisfactory addressed and 14 of the 21 actions were re issued during this inspection.

The provider had submitted a complete application to renew the registration of this centre, as the current registration expires on 18 June 2018.

Regulation 22: Insurance

The inspector viewed the contract of insurance in place by the registered provider, this included injury to residents and other risks such as loss or damage to property.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider failed to ensure that all of the policies required by the regulations were in place and were being implemented, and they failed to ensure that the policies were being reviewed to ensure that they contained adequate information to inform practice and were being kept up-to-date.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose did not contain the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Eight of the 16 requirements were not present within the document.

Judgment: Not compliant

Regulation 15: Staffing

The provider had not obtained all of the information on staff to ensure they were suitable to work in the centre and the provider was not maintaining an accurate staff rota.

Judgment: Not compliant

Regulation 16: Training and staff development

Not all staff had been provided with fire safety training and moving and handling training. The person in charge had not ensured that staff were familiar with the Health Act 2007, and the associated regulations and National Standards.

Staff were not in receipt of formal supervision.

Judgment: Not compliant

Regulation 21: Records

Over the course of the inspection the inspector viewed various records in relation to residents as specified in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and improvements were required in this area. For example, gaps were identified in relation to some medical care provided and treatments in place for residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was not adequately reviewing and monitoring the centre to identify and address non-compliance for themselves, and were not gathering information through their monitoring to inform quality improvements in the service being delivered to residents.

The management structure in the designated centre was not clearly defined in terms of the lines of authority and accountability, specified roles, and responsibility for all areas of service provision.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The admissions process in the statement of purpose did not reflect the process set out in the admissions policy.

While residents had a contract for the provision of services, it did not accurately set out the service arrangements.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had ensured that there was a complaints policy and that it was being

implemented. Residents knew how to express their concerns or make a complaint. However, the accessible version of the policy identified an incorrect person as the complaints officer and the policy did not set out who was reviewing the process of responding to complaints, separate to the complaints officer.

Judgment: Substantially compliant

Quality and safety

Overall the inspector found significant improvements were required to ensure residents were fully supported and in receipt of a safe and quality driven service.

Key principles in relation to residents' rights, person-centredness, autonomy and participation were absent in some areas of the service. This was evident in relation to the system in place to provide individual supports and care to residents.

An assessment of the support and care needs for each resident had been completed since the previous inspection, but the inspector found that there continued to be an institutional approach to meeting some residents' needs. For example, there was inadequate information about the preference and choices of residents in the sample of personal plans. Description of support was task focused rather than person centred. For example, must have a shave everyday and a shower every second day was documented in a plan. The plans included contradictory information such as identifying that a resident did not like particular physical exercises and later in the plan stating that the resident was to undertake such exercises for 20 minutes each day. There was inadequate monitoring of the implementation of the residents' personal plans and insufficient information about why goals for residents were changed.

Some residents required support in relation to behaviour issues. However, the inspector found that staff had not been provided with adequate training and supervision in this regard. They did not have adequate knowledge and were not implementing measures that were in the residents' support plans. For example, staff were to use specific charts to record and inform support for the resident but these charts were not available in that house.

In addition, the inspector found that there was poor management of restrictive practices in the centre. There was no evidence of alternative interventions or actions being taken to ensure that the least restrictive practice was being used for the shortest duration.

Improvements were also required to the environment and the service provided to ensure it was safe for residents and minimised harm and risk.

Residents' rights were found not be respected at all times in particular when residents were absent from the centre in relation to their bedroom and personal space.

The safeguarding arrangements for ensuring residents were protected from the risk of abuse were not clearly set out in the safeguarding policy, and the arrangements to be put in place pending the outcome of safeguarding investigations were not clear. The inspector also found that some of the staff who were spoken with did not have adequate knowledge and understanding of the different types of abuse and what they should do if they had concerns.

Fire equipment was available and was checked and serviced regularly. However, the provider was failing to demonstrate that improvements were being implemented in relation to the outcome of fire drills. For example, the inspector saw an example of an issue arising from a fire drill in relation to a resident but there had been no follow up risk assessment or control measures put in place.

The medication management practices in the centre were not protecting residents from risk. There were inadequate medication storage arrangements and the inspector observed medications being stored along with records and folders. In one of the houses, the inspector observed this storage area to be unlocked, increasing the risk to residents. The management of PRN medicines (medicines to be taken when required) was inadequate. There was insufficient guidance for staff and the inspector saw that several medications contained the same ingredients, increasing the risk of over dosage of medication for residents. Inspectors also saw an example of a medication recorded as being used in relation to behaviour support requiring prescription being incorrectly identified as an over the counter medication. This medication was being administered by staff but the medication charts did not have the doctor's signature to confirm that it had been prescribed for the resident.

Regulation 5: Individual assessment and personal plan

The person in charge was failing to ensure that residents' personal plans provided guidance to staff on supporting residents and promoting their rights. Residents' personal plans did not adequately reflect the participation of residents and include their preferences and choices, they tended to be task focused and did not adequately record the reasons for changes to the plans. Some of them also contained contradictory information.

Judgment: Not compliant

Regulation 6: Health care

Resident had access to a variety of health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Members of staff did not have up-to-date knowledge and skills, appropriate to their role, to respond to behaviours that were challenging and to support residents to manage their behaviour. Support plans in place did not guide staff members effectively.

Judgment: Not compliant

Regulation 8: Protection

The Safeguarding policy in the centre did not provide adequate guidance for staff and staff did not have adequate knowledge about how to respond to allegations or suspicions of abuse.

Judgment: Not compliant

Regulation 26: Risk management procedures

The risk management policy did not include the required elements as specified in paragraph (16) of Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Individual risk assessments which had been carried out for residents were not being implemented.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was not taking adequate action in response to the outcome from fire drills. Where risks were identified, the provider was not taking adequate action to control those risks.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The medication management policies and practices were inadequate and increased risk to the safety of residents, particularly in relation to the safe storage of medications, the management of PRN medicine and in relation to the administration of medications that require a prescription.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were found not be respected at all times in particular relating to the use of their personal space and bedroom in their absence.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 22: Insurance	Compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for National Association of Housing for Visually Impaired OSV-0001938

Inspection ID: MON-0020801

Date of inspection: 22/02/2018 and 23/02/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider in consultation with the management team and external agencies will review all policies and procedures operational within the designated centre to ensure they are up to date as per Schedule 5 requirements.</p> <p>The registered provider will ensure all policies and procedures applicable to the designated centre are available to the staff team.</p> <p>The person in charge will assign allocated time each week on the roster for the staff team to read and sign off revised policies and procedures.</p> <p>Staff members' knowledge of policies and procedures will be included in supervision sessions with the PIC/PPIM and included as an ongoing 'shared learning' agenda item at team meetings.</p> <p>Timeframe: 14.05.18</p>	

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider in conjunction with the PIC will review and update the current statement of purpose.</p> <p>The registered provider will ensure that the revised statement of purpose includes information as set out in Schedule 1.</p> <p>The registered provider in conjunction with the PIC will ensure that once the statement of purpose is updated, a copy is made available to the residents and their representatives.</p> <p>Timeframe: 14.05.18 </p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The registered provider has conducted a risk assessment to ensure that the number qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents as reflected in the statement of purpose and considering the size and location of the 4 houses within the designated centre.</p> <p>The person in charge has revised the roster to ensure there is a planned and actual roster in place for each house reflective of day and night staff members.</p> <p>The person in charge or nominated staff member will ensure the roster is maintained and kept up to date where changes occur.</p> <p>The person in charge has reviewed all staff members' files to ensure the required information and documents specified in Schedule 2. </p> <p>Time frame: 30/03/18</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge has conducted a review of all staff members' mandatory training. All staff members are now up to date with mandatory training requirements.</p> <p>A schedule of training is now in place for the centre to ensure training and refresher training occurs in a timely manner. This schedule is maintained by the PIC.</p>	

The person in charge has reviewed all staff members' formal supervision records. A supervision schedule is now in place for the centre to ensure formal supervision sessions are facilitated in a coordinated and timely manner in line with centre's revised supervision policy.

Staff members' supervision sessions are highlighted on the staff roster by the person in charge to alert staff members and ensure supervision sessions are prioritized each month.

The person in charge and PPIM have a revised schedule of supervision in place with the Director of Service.

The PPIM in conjunction with the person in charge has compiled an information folder for staff members regarding the Health Act, regulations and standards to enhance their knowledge and improve their access to this information within the designated centre. These will also be included as an agenda item of shared learning at staff meetings.

Timeframe: 30/5/18

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

The registered provider in conjunction with the person in charge/PPIM has conducted an audit of Schedule 3 records required for each resident.

Where gaps were identified the person in charge and nominated staff members are in the process of aligning the required up to date records for each of the 16 residents living in the designated centre as per Schedule 3 requirements.

The registered provider in conjunction with the person in charge/PPIM is conducting an audit of the schedule 4 requirements of regulation 21.

The registered provider and person in charge will ensure that the required records as set out in Schedule 4 are up to date where required and accessible to the management team, staff members, residents and representatives as applicable.

Timeframe: 30/5/18

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Regulation 23 (1) (b) (c)

The registered provider has reviewed the management structure so that clearly defined management structure in the designated centre.

The revised management structure is now reflected in an up to date organogram displayed in the centre to ensure all staff members and residents are aware of the arrangements.

The registered provider has aligned responsibilities to each member of the management team to ensure appropriate oversight and management of the centre in line with regulation 23 requirements.

Regulation 23 (1) (d) (e) (f)

The registered provider has reviewed the most recent annual review with the management team and residents identifying actions completed and time-lined outstanding actions with persons responsible.

A copy of this is being prepared for the residents, representatives and chief inspector.

Regulation 23 (2) (a) (b)

The most recent unannounced visit to the centre by a person nominated by the registered provider has been reviewed.

The registered provider has nominated an external suitably trained person to conduct a further unannounced visit to ensure compliance with regulation 23 (2) (a)

Once complete a copy of the report will be made available to the residents and their representatives.

Compliance actions and quality improvement initiatives from annual reviews, unannounced visits, internal local audits and HIQA inspections will be monitored through an overarching quality improvement plan. The management team will monitor this plan weekly through the management team weekly forum meeting.

Regulation 23 (3) (a) (b)

The person in charge has conducted a review of all staff members' mandatory training. Where training gaps were identified in areas of mandatory training or refresher training a schedule of training was put in place. All staff members are not up to date regarding mandatory training.

A schedule of training is now in place for the centre to ensure training and refresher training occurs in a timely manner. This schedule is maintained by the PIC.

The person in charge has reviewed all staff members' formal supervision records. A supervision schedule is now in place for the centre to ensure formal supervision sessions are facilitated in a coordinated and timely manner in line with centre's revised supervision policy.

Staff members' supervision sessions are highlighted on the staff roster by the person in charge to alert staff members and ensure supervision sessions are prioritized each

The person in charge has formalized a revised agenda template for staff meetings to ensure quality and safety issues are discussed reviewed and revised as required to enhance competence of staff members and provide a forum for shared learning. |

Timeframe: 30/5/18

Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The registered provider as part of the review and updating of the statement of purpose has ensured that the admissions process aligned with that set out in the admissions policy.</p> <p>The service arrangements in each resident's contract of care will be updated to ensure accuracy. This will be coordinated by the person in charge in conjunction with the management team/residents/representatives.</p> <p>Timeframe: 14/5/18 </p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The registered provider has reviewed and updated the accessible version of the complaints procedure to ensure accuracy with regulation 34 requirements.</p> <p>The registered provider in consultation with the management team and external agencies will review all policies and procedures operational within the designated centre to ensure they are up to date and as per Schedule 5 requirements. This will include the complaints procedure.</p> <p>Timeframe: 14/5/18 </p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge and PPIM has commenced an audit of each resident's personal plan.</p> <p>Gaps in relation to assessments of need, individual plans of care & critical information regarding care and supports will be updated by keyworkers overseen by the person in charge/PPIM. An updating schedule will guide this process and will be located at the front of each personal plan. Progress will be monitored weekly at the management forum meeting.</p> <p>Annual review meetings with residents and representatives are scheduled to ensure compliance with regulation 5 (6) (a) (b) (c) (d) 5 (7) (a) 5 (8) These reviews will be available in each resident's personal plan.</p>	

The registered provider in consultation with the management team will revise the personal planning procedure to ensure staff members, residents and representatives are guided by person centred personal planning procedures in line with regulation 5 requirements. This will include personal planning arrangements for new admissions to the centre.

Personal Plans will be audited by the person in charge/PPIM at 6 monthly intervals to ensure adherence to the revised procedures on personal planning.

Timeframe: 8/6/18 |

Regulation 6: Health care	Not Compliant
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Actions removed on request of HIQA inspector as per email request on 25th May 2018

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

All staff members are up to date regarding MAPA training.

The registered provider in consultation with the management team and external agencies will review all policies and procedures operational within the designated centre to ensure they are up to date and as per Schedule 5 requirements. This includes the policy on positive behaviour support and restrictive practices.

Four residents require a behaviour support plan; these plans are under review by nominated psychologists. |

Any use of restrictive practice is recorded and monitored on a restrictive practice register by the person in charge.

Timeframe: 8/6/18

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The registered provider in consultation with the management team and external agencies will review all policies and procedures operational within the designated centre to ensure they are up to date and as per Schedule 5 requirements. This includes the policy on safeguarding.

A shared learning notice has been circulated to all staff members by the registered provider since the inspection to ensure each staff understands their roles and responsibilities regarding safeguarding residents.

The staff team will receive refresher safeguarding training.

An investigation following the submission of a NF06 to the authority on the 9th of February 2018 has commenced. The terms of reference and expected submission date of the expected investigation report was forwarded to the authority on the 22nd of March 2018.

Timeframe: 31st May 2018.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The registered provider in conjunction with the management team has revised and updated the risk management policy for the designated centre to include components identified in regulation 26 (1) (a) (b) (c) (d) (e)

Risk Assessments in use in the centre were reviewed and updated. Staff members have read and signed off on critical risk assessments that ensure the safety and welfare of residents in the designated centre or while in the community.

The registered provider and management team have revised the procedure of incident review in the designated centre. All recorded incidents and near misses are reviewed weekly by the management team. Additional controls are agreed as applicable with persons responsible and time-lined.

The registered provider has checked all vehicles in use by the designated centre to ensure compliance with regulation 26 (3)

Timeline: 5/5/18

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The registered provider and person in charge have reviewed all recent fire drills. Where action was required following a drill, this is now in place. The person in charge has documented the follow up in the fire register.

A fire drill has been conducted in each house to ensure all residents and staff can evacuate safely. These drills have been recorded.

Where fire doors were identified as being required in each house of the centre the registered provider has coordinated the following to date:

Three quotes received: All on file.

The board of management have appointed a contractor on April 4th 2018

April 10th 2018 all four houses had doors measured for replacement and order sent to door manufacturers. Doors will take three weeks to be delivered and a further three weeks to install. Estimated time of completion 31st of May 2018.

Timeline: 31/5/18

Regulation 29: Medicines and pharmaceutical services

Not Compliant

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

The registered provider in consultation with the management team and external agencies will review all policies and procedures operational within the designated centre to ensure they are up to date and as per Schedule 5 requirements. This includes the policy on Medication Management which will address issues raised during the inspection: safe storage of medication, the management of PRN medication and the ordering/receiving of medication.

The person in charge has reviewed medication storage in each house. New storage cabinets are now in place specifically for medication.

The person in charge will review all risk/competency assessments in place regarding medication management with each resident as applicable.

The person in charge will continue to coordinate weekly medication audits in each house and coordinate an improvement plan where required.

14/5/18

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The service arrangements in each resident's contract of care will be updated to ensure accuracy. This will be coordinated by the person in charge in conjunction with the management team/residents/representatives.

The registered provider will conduct a review of staff members sleeping arrangements in the designated centre. A plan will be agreed in conjunction with the board of management.

Timeframe: 8/6/18

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	30 th of March 2018
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	30 th of March 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	5 th of May 2018

	refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30 th May 2018
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made under it.	Not Compliant	Orange	5 th May 2018
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30 th May 2018
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Red	26 th April 2018
Regulation	The registered	Not Compliant	Orange	30 th May 2018

23(1)(c)	provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30 th May 2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30 th May 2018
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Not Compliant	Orange	30 th May 2018

	<p>unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 23(3)(a)	<p>The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and</p>	Not Compliant	Orange	30 th May 2018

	safety of the services that they are delivering.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	14th May 2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	14 th May 2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Red	26 April 2018
Regulation 26(2)	The registered provider shall	Not Compliant	Orange	5 th May 2018

	ensure that there are systems in place in the designated centre for the assessment, management and on-going review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	14 May 2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	5 th May 2018
5 th May 2018 Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	5 th May 2018

Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	14 th May 2018
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his	Not Compliant	Orange	14 th May 2018

	or her age and the nature of his or her disability.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	14 th May 2018
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	14 th May 2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	14 th May 2018

Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	14 th May 2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	14 th May 2018
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	8 th June 2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	8 th June 2018

	is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	8 th June 2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of	Not Compliant	Orange	8 th June 2018

	the plan.			
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Not Compliant	Orange	8 th June 2018
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	8 th June 2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	18 th May 2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Not Compliant	Orange	14 th May 2018

	national policy and evidence based practice.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	14 th May 2018
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	8 th June 2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31 st May 2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers	Not Compliant	Red	26 April 2018 Report to be submitted by 18 th May 2018

	abuse.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	31 st May 2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	8 th June 2018