

**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 Muirosa Foundation
Centre ID:	OSV-0003957
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muirosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Jillian Connolly
Support inspector(s):	Catherine Rose Connolly Gargan
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 18 July 2014 10:00 To: 18 July 2014 18:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose

Summary of findings from this inspection

The designated centre consisted of five community houses on the day of inspection. It is operated by the Muiriosa Foundation. This was the first inspection for the designated centre. The inspection was announced two days prior to inspectors attending the designated centre and was conducted by two inspectors over one day. The findings of this report were identified in four of the five community houses.

Inspectors met with the person in charge at the commencement of the inspection and delivered feedback to the person in charge, the regional manager and the area manager on the conclusion of the inspection.

Inspectors met with residents and staff on the day of inspection, observed practice and reviewed documentation. Residents reported that they were happy with the service they receive. Inspectors observed staff to engage with residents in a dignified and respectful manner.

As of the day of inspection, the designated centre provided services to children and adults. Inspectors reviewed the systems in place and were not satisfied that the essential safeguards were in place for this arrangement to remain. As a result an immediate action plan was issued on the day of inspection.

A regulatory meeting was held in the Authority with the provider nominee, the

person in charge, the regional director and the area manager on the 25th July 2014 as the Authority were not satisfied that the response to the immediate actions identified were responsive to the actual risk present. Following on from this meeting, the provider re-submitted the immediate action plan and the Authority were satisfied that the immediate risk had been addressed in the designated centre and that plans were in place to address the issue on a more permanent basis. The action plan at the end of this report includes the immediate action and the provider's response.

Eight outcomes were inspected on this inspection and excluding the major non – compliance regarding safeguarding and safety, there were seven moderate non – compliances identified. The action plan at the end of this report identifies the actions the provider and person in charge will take 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.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Of the sample of residents' personal files reviewed, inspectors were satisfied that each resident had an assessment in place which was reviewed annually or more frequently based on a change in need. The personal plan assessed both the Health and Social Care needs of residents. There was evidence that the personal plan was completed with the participation of the resident and there were clear goals developed, with accountability for the supports required and the relevant professional involved. However from the sample reviewed, inspectors observed that there were inconsistencies in the information contained in the personal plan and the day to day practices of the designated centre. In one instance a resident was documented as enjoying their own space however they resided in a double room and their home had no area in which they could have time on their own without impacting on the other residents residing in the designated centre. There was no reference that this had been discussed with the resident or that they were content with their current living arrangements.

There was clear evidence of the achievement that residents were making towards achieving their goal. For example, there was a record maintained of all social outings a resident took part in. Staffing was a limitation to some residents achieving their goals as there were occasions where a number of residents were supported by one staff. Staff reported that in this instance they could go for a drive with residents however they could not get out of the transportation as residents required additional staffing to access community amenities.

The designated centre provides services to both children and adults. Inspectors reviewed the personal plan of a minor and found that while the structure addressed the necessary information required for supporting a child the content was not reflective of the developmental needs of children. The assessment regarding the work/play needs of

the child referenced the child's participation in school and their likes and dislikes but there was no reference to the comprehensive supports required to support the child's developmental needs. The person centre plan also had no reference to the opportunity the minor had to engage with their peers outside of their school.

The systems in place regarding admissions, discharge and transitions of residents were not robust and meeting the needs of residents. Inspectors reviewed the information available regarding a minor who accessed the designated centre every weekend for respite and found that the information maintained in the designated centre was inadequate. Inspectors were informed that the personal file of the resident was transferred with the child on each admission and discharge. This arrangement had been in place for eighteen months and the designated centre should have completed the relevant assessments for residents applicable to their time in the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

At the time of inspection the designated centre consisted of five community houses. Inspectors reviewed the premises in four of the community houses. With the exception of one shared room, each of the residents had their own bedroom. The shared room did not provide the necessary private space for the residents. The residents had resided together for a considerable period of time, the provider is to discuss with the residents the suitability of their room to ascertain if they were satisfied with the arrangement. There were a sufficient number of bathrooms and shower facilities for the number of residents residing in each of the individual community houses.

Each of the individual units had a kitchen/dining room and separate sitting room which were of a satisfactory size for the number of residents. There were also facilities in each community house for laundry and residents who wished participated in washing their own clothes.

The decoration and maintenance of each of the community units varied in the designated centre. In some houses, inspectors observed the communal rooms and

bedrooms to be homely and personalised and reflective of the individuals who reside there. In other instances the rooms were functional and required maintenance as furniture was in disrepair, paint was chipped and flooring was torn. There were also rooms identified which required additional ventilation to ensure air was circulated regularly throughout the room.

As one of the community houses provided residential care to both children and adults, the layout of the house did not meet the needs of those residing there. Although each of the residents had their own bedroom, there was inadequate communal space for the children or adults to engage in age appropriate activities without impinging on the needs of others. For example, when inspectors were on site the minor requested to watch children's television programmes whilst the adults were watching a programme which was age appropriate for them.

Based on the needs of the residents residing in the designated centre, inspectors were satisfied that the appropriate adaptive equipment was in place to meet the purpose of the designated centre.

Judgment:

Non Compliant - Moderate

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 designated centre has an organisational safety statement in place. There was also a risk register in place which was specific to the designated centre however the risk assessments were not comprehensive and therefore inspectors determined that they did not inform of the actual risks present in the designated centre. There were a combination of collective risks assessed for all residents in the designated centre and individual risk assessments in place for residents. Examples of the collective risk assessments included environmental risks such as equipment maintained in community houses, chemical agents and transportation breaking down. However there were inconsistencies in the timeframes in which the assessment had been reviewed. In some instances they had been reviewed in the previous year and in other instances the risk had not been re-assessed in the previous eight years. Whilst in other instances such as the hazard of chemical agents, there were clear control measures in place such as the presence of material data sheets and secure storage.

Of the individual risk assessments reviewed there were discrepancies in the actual

hazards present. For example, residents who were assessed as being at risk of seizures were also assessed for being at home without staff supervision. However there was no link between the control measures of each assessment, therefore reducing the robustness of the assessments.

Staff spoken to was able to inform inspectors of the necessary measures required for the effective prevention of infection such as appropriate hand hygiene practices and appropriate temperatures for laundry.

Inspectors did not review the procedures in place regarding the prevention and management of fire on this inspection. Although of the sample of files reviewed were satisfied that staff received training in the prevention and management of fire.

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:

Inspectors identified an immediate risk in relation to the safeguarding of children and vulnerable adults. The designated centre provides services for both children and adults. This was as one of the community houses was the full time residential home for one child and two adults with another child accessing respite services every weekend. The designated centre had two policies in relation to the protection of vulnerable adults and one policy in relation to the safeguarding of children. There had also been risk assessments completed acknowledging some of the hazards present as a result of the living environment. The environment was not appropriate to the arrangement and that the essential safeguards for such an arrangement were not in place.

The designated centre was staffed by both permanent and relief staff. There was evidence that permanent staff had read the policy and received the relevant training to safeguard children and adults, there was no evidence that relief staff had received or read the policies or received training. As the community house was regularly staffed by one member of staff, the skill set of all staff was not appropriate to the circumstances.

There was also a system of staff completing a sleep over shift therefore the roster reflected that from 23.00 hours to 07.00 hours there was no staff to supervise residents.

Risk assessments had been completed with the aim of safeguarding children but the control measures were found to be impractical and not effective. For example, one of the control measures in place was that the staff should be aware of the location of the minor at all times and that communal doors remained open at all times. Inspectors determined that this impinged on the privacy and dignity of all residents and as the staff were regularly lone workers this was not a practical safe guard. There was no reference to staffing levels in the risk assessments.

Although there was no evidence on the day of inspection that any incident had occurred, inspectors issued an immediate action to the provider and the person in charge. The immediate action and response is included in the action plan at the end of this report.

Judgment:

Non Compliant - Major

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:

Prior to completing the inspection, the Authority had received no notifications as required under Regulation 31 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors found evidence on inspection of an accident to a resident which required notification within three days and had not been submitted.

Inspectors informed the person in charge that under Regulation 31 (4) the chief inspector must be notified in writing of the fact that no incidents which required notification had taken place in the previous six months.

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:

Inspectors reviewed a sample of personal files of residents which addressed both the social care needs and the health care needs of residents. Efforts had been made to address the health care needs of residents but there were inconsistencies throughout the community houses of actual needs being comprehensively met. In some instances there were appropriate plans of care in place for residents who had specific needs such as asthma. There was also evidence that residents who had a health care need had been referred to the appropriate medical professional and were undergoing the appropriate investigations. However, there was an absence of interventions to address the need whilst the resident was residing in the designated centre. Residents who had a diagnosis of epilepsy had management plans in place but the actual hazards associated with the condition were not comprehensively addressed. For example, in one instance where a resident was at risk of seizures at night the control measure was that staff keeps their bedroom door open at night and the residents door remains open. This impinges on the privacy and dignity of both the resident and the staff.

Inspectors observed that there were accessible menus in the designated centre and a system in place to ensure that residents participated in meal planning. There was also evidence that where residents had an identified nutritional need such as reducing cholesterol, staff had made efforts to address same. However there was an absence of referrals to the relevant expert professional to support this, therefore reducing the effectiveness of the interventions.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was an organisational policy in place for the ordering, prescribing and administering of medication which was out of date and had not been reviewed within the appropriate timeframe.

All staff employed in the designated centre administer medication and had received the appropriate training. The policy of the organisation is that there should be a specific protocol in place for all medication prescribed for as required. However inspectors determined that the information included in the protocols did not inform the actual circumstances in which the medication should be administered. For example pain relief was cited as the rationale for the administration of one medication, yet there was no additional information available such as what are the indicators of pain for the resident. Inspectors determined that this did not provide staff with the necessary information in order to make an informed decision of when the medication should be administered, particularly for residents who experienced challenges with communication.

Inspectors were satisfied that medication was stored securely in the designated centre. There were no resident prescribed controlled drugs on the day of inspection.

There was a risk identified with the prescription and administration records of medications. The administration times for medications were not always stated on the prescription sheet. The allergy section was also incomplete in a sample of records reviewed and the maximum dosage for medication as required was omitted.

Inspectors were satisfied that all medications administered were signed for and that there was a signature sheet of all staff present to ensure accountability.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors reviewed the Statement of Purpose and Function of the designated centre and determined that it did not contain all of the necessary information 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. For example the person in charge and the provider were not included. There was no clear admissions

criteria stated in the Statement of Purpose and Function. There was also no reference to the arrangements in place to support children residing in the designated centre.

Judgment:

Non Compliant - Moderate

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:

Jillian Connolly
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 Muiriosa Foundation
Centre ID:	OSV-0003957
Date of Inspection:	18 July 2014
Date of response:	04 September 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Limitations in staffing levels were not included in the review of personal plans.

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.

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

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

Action Taken:

- An additional staff member is on duty each day daily to support the individual's to engage in social activities of their choice as indicated in their person centred support plan. Date action implemented: 28/07/2014

Action Planned:

- A review of person centred support plans will be undertaken, in order to assess the effectiveness of and to update each plan. The individual, family members and the appropriate support staff will be invited to have input in the review. Date for completion: 10th September 2014
- Once the individual plans have been reassessed and identified goals have been prioritised, resources available will be allocated to achieve/ work towards achievement of same.

Proposed Timescale: 10/09/2014

Theme: Effective Services

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

Although there was evidence of residents expressing that they like their own space. There was no evidence that this had been further explored with the resident.

Action Required:

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

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

Action Taken:

- The Person in charge has met with the two individuals currently sharing a bedroom to ascertain their personal preference in terms of the present situation in relation to their shared bedroom. At this meeting one of the individuals has indicated that they wish to have their own bedroom. Options to facilitate this expressed preference will be pursued. Date action taken: Meeting held on 2nd September 2014

Proposed Timescale: 02/09/2014

Theme: Effective Services

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

Assessments for minors residing in the designated centre were not comprehensive and did not address the developmental needs of the child.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

Actions Planned:

- A multidisciplinary team meeting of the appropriate health care professionals will take place with the purpose of carrying out a review of the person centred support plans and care plans currently in place for the child in question. Emphasis will be placed on age appropriate activities and building relationships with peer groups Recommendations will be drawn up and implemented in order to ensure needs are properly identified and addressed. Date for completion: 10th September 2014
- The school which the individual attends will be asked to support the access of the national educational psychological service in order to facilitate the optimum holistic approach to the review. Date for completion: 10th September 2014
- Prior to admission to the centre a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of all future referrals to the designated centre will be undertaken. Date for implementation: 4th September 2014

Proposed Timescale: 04/09/2014

Theme: Effective Services

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

There was no evidence that comprehensive assessments had been completed for minors accessing the designated centre for respite services to assess the suitability of the placement or the needs of the child.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

Action Taken:

- The minor who has been availing of emergency respite at weekends is now facilitated elsewhere with one to one support throughout the day to support an age appropriate lifestyle and experience. Date action completed: 21st July 2014.
- The location will not be providing respite support going forward. Date action completed: 21st July 2014
- Prior to admission to the centre a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of all future referrals to the designated centre will be undertaken. Date for implementation: 4th September 2014

Proposed Timescale: 04/09/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were inconsistencies in the maintenance within the designated centre.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Actions Planned:

- A review with the person in charge, area director and operations manager will take place in regards of maintenance work required for all houses within the centre. Date for completion: 31st October 2014
- Works required will be prioritised under agreed criteria, under the remit of the operations manager. Date for completion: 31st October 2014
- Works undertaken will have to be done in conjunction with the non pay budget available.
- Major maintenance requirements will be a standing agenda item of the senior management team meeting of the region due to financial expenditure which may be required. Date for completion: 1st September 2014
- Maintenance requirements will be a standing item on the agenda of all staff team meetings. Date for completion: 1st September 2014
- When person in charge is visiting each location part of the visit will incorporate maintenance requirements. Date for implementation: 1st September 2014
- The person in charge in conjunction with the staff team will carry out regular reviews of the maintenance book to ensure that required works are appropriately identified and followed up. Date for implementation 1st September 2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Whilst residents had their own bedrooms, one was not suitably decorated for a child.

Action Required:

Under Regulation 17 (2) you are required to: Where the designated centre accommodates adults and children, ensure that sleeping accommodation is provided separately and decorated in an age-appropriate manner.

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

Actions Taken:

- The bedroom in question which was used in a respite capacity by a minor is no longer in use. Date action completed: 21st July 2014
- General internal redecoration throughout the house is being addressed within the framework of non pay finance available. Date for implementation: 21st July 2014

Proposed Timescale: 21/07/2014

Theme: Effective Services

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

The double room was not a suitable size for two residents to be accommodated therein.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Action Taken:

- The Person in charge has met with the two individuals currently sharing a bedroom to ascertain their personal preference in terms of a shared versus individual bedroom. At this meeting one of the individuals has indicated that they wish to have their own bedroom. Options to facilitate this expressed preference will be pursued
- Date action completed: Meeting held on 2nd September 2014

Proposed Timescale: 02/09/2014

Theme: Effective Services

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

The communal space in one community house did not meet the needs of children and adults residing together.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Actions Taken:

- The child who was availing of respite in the centre at weekends is no longer availing of same. Date action completed: 21st July 2014

Actions Planned:

- The bedroom which had been occupied by the minor availing of respite will be

redecorated to provide an additional communal space in the house. Date for completion: 28th November 2014

- In relation to one adult who has resided in the location for the longest period of time a piece of work has commenced to ascertain his preference in terms of future possible living arrangements. This piece of work will involve input from family members and other relevant individuals. This may result in the adult in question moving to another location after the appropriate transition planning. Date of commencement: 21st August 2014.
- If the adult in question indicates that their preference is to remain living in the house the living arrangement in terms of the sibling adult and child will have to be addressed.
- In the meantime this situation will be profiled on the organisations risk register, and will be escalated to the funding body to ensure the appropriate profiling and prominence of the issue until it is resolved. Date for completion: 4th September 2014
- Once there is clarity regarding what would be a better arrangement, the funding body will be approached to seek their agreement for same.

Proposed Timescale: 28/11/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The system in place regarding the ongoing assessment of risk was not effective for both the collective and individual hazards in the designated centre.

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:

Actions Taken:

- The following policies have been reviewed and updated within the organisation in terms of risk management to allow for improved hazard identification and assessment of risks:
 - o Location safety statement.
 - o Risk Management Policy: overarching framework.
 - o Policy on risk and the individual service user (Management of same)
 - o Date action completed: 3rd September 2014
- The above are feeders into the overall organisational risk management approach and incorporate specified risk control measures, subsequent risk ratings, new control measures and subsequent overall risk ratings.
- Implementation of the updated policies will support assessment, management and ongoing review of risk including response to emergency situations.
- Risk management will be a standing item on the agenda of all local team meetings and senior management team meetings. Date action completed: 3rd September 2014

Actions Planned:

- The person in charge will undertake a review of the individual and environmental risks in the area. Risks identified will be risk assessed using the updated Risk assessment and management plan which will identify the control measures and risk ratings. Date for completion: 7th November 2014.

Proposed Timescale: 07/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Adults and minors are residing in one unit of the designated centre

One staff member is on duty from 18.00 hours on Saturday the 19th July 2014 to 10.00 hours Sunday the 20th July 2014 and from 18.00 hours on Sunday the 20th July 2014 to 11.00 hours in Monday the 21st July 2014 at 11.00 hours.

The staff member is responsible for the supervision of two adults and two minors. From 23.00 hours to 07.00 hours the staff member is completing a sleepover shift therefore inadequate supervision is in place to ensure the safeguarding of both the minors and the adults for this period.

Risk assessments conducted to address the hazards identified by the registered provider to reduce the risk were inadequate and did not reflect the actual staffing levels within the designated centre therefore did not minimise the risk.

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:

Actions Taken:

- In the house referred to one staff member is rostered for night duty to ensure the adequate supervision of all persons residing within the centre. Date Action Completed: 27th July 2014
- Staffing levels on day shifts has increased; there is a second staff on duty every day. Date action completed: 28th July 2014.
- The person in charge has conducted a briefing session with all staff on duty on the implementation of organisations Policy & Procedure for Adult Protection and Welfare, Children's Welfare and Protection and Trust in Care Policy. Date action completed: 1st August 2014
- Muiríosa Foundation Social worker has delivered detailed training to relevant staff on the children's first guidelines while awaiting training dates from the statutory body. Date action completed: 30th July 2014
- Risk management will be a standing item on the agenda of all local team meetings and senior management team meetings. Date action completed: 3rd September 2014

Actions Planned:

- The person in charge will undertake a review of the individual and environmental risks in the area. Risks identified will be risk assessed using the updated Risk assessment and management plan which will identify the control measures and risk ratings. Date for completion: 7th November 2014.

Proposed Timescale: 07/11/2014

Theme: Safe Services

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

Not all staff employed in the community unit had the relevant training in Children First: National Guidance for the Protection and Welfare of Children 2011.

Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Actions Taken:

- Muiríosa Foundation Social worker has delivered detailed training to relevant staff on the children's first guidelines while awaiting training dates from the statutory body.

Date action completed: 30th July 2014

- Contact has been made with the relevant statutory body to arrange training for the relevant staff to attend this training. Date action completed: 25th July 2014

Proposed Timescale: 30/07/2014

Theme: Safe Services

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

There was no evidence that all staff employed in the designated centre had read and understood the organisational policies regarding the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Action Taken:

- The person in charge has conducted a briefing session with all staff on duty on the implementation of organisations Policy & Procedure for Adult Protection and Welfare,

Children's Welfare and Protection and Trust in Care Policy. Date action completed: 1st August 2014

- Written evidence that all staff have read and understood the organisational policies regarding the prevention, detection and response to abuse are in place within the designated centre. Date action completed: 1st August 2014
- Muiríosa Foundation Social worker has delivered detailed training to relevant staff on the children's first guidelines while awaiting training dates from the statutory body. Date action completed: 30th July 2014
- Contact has been made with the relevant statutory body to arrange training for the relevant staff to attend this training. Date action completed: 25th July 2014
- Risk management will be a standing item on the agenda of all local team meetings and senior management team meetings. Date action completed: 3rd September 2014

Proposed Timescale: 01/08/2014

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:

The Authority was not notified of a serious injury to a resident within three working days.

Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

Actions Taken:

- The relevant notification document was submitted. Date action completed: 22nd July 2014
- A review of all documentation such as individual progress notes, accident incident books, support plans and notifiable events has taken place in order to ensure that any incidents which may have occurred have not been overlooked in terms of notifications. Date action completed: 23rd July 2014.

Action Planned:

- The regulatory obligation in terms of notification of relevant events to the authority will be discussed at the next Person in Charge and Senior management team meetings. Date for completion: 12th September 2014

Proposed Timescale: 12/09/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was an absence of a plan of care for residents undergoing investigations for a health care need.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Actions Planned:

- At the next senior team meeting and at the next Person in Charge meeting the requirement of the person in charge and the registered provider as outlined in Statutory instrument 367 of 2013 will be discussed, particularly in terms of Health Care subsection 6 part 2. Date for completion: 12th September 2014
- The person in charge will undertake a review of the health care needs of all individuals within the centre to ensure that referrals to appropriate healthcare professionals have been initiated. Date for completion: 31st October 2014

Proposed Timescale: 31/10/2014

Theme: Health and Development

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

Residents with nutritional needs were not referred to the relevant professional.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Action Planned:

- Appointments have been made for the relevant individuals to their General Practitioner with a request for referral to dietician and other relevant health professionals if deemed required by GP. Recommendations received will be addressed: Date of Action: 10th September 2014

Proposed Timescale: 10/09/2014

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The policy on medication management was out of date and relevant information was omitted from prescription records.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Action Taken:

- Revised medication policy 'Medication Management policy and Guidelines Issue 3 August 2014 has been issued to all designated centres. Date issued: 19th August 2014
- The person in charge has contacted the relevant GP in order to set a meeting to review the Prescription records and to ensure that all relevant information is documented on prescription sheets. Date action completed: 1st September 2014
- The area director has met with local pharmacist in terms of ascertaining the support that the pharmacy can provide in terms of prescription sheets and the inclusion of all relevant information. Date action completed: 27th August 2014

Action Planned:

- The revised medication policy will be discussed at the next staff meeting. The importance of good practice in ordering, receipt, storage and administration of medication will be emphasised. Date for completion: 7th October 2014

Proposed Timescale: 07/10/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the necessary information as stipulated 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.

Action Required:

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

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

Actions Planned:

- A review of the current statement of purpose and function document will be undertaken and an updated version will be prepared in line with the requirements using

the document Guidance for Designated centres: Statement of Purpose and Function November 2013 as a guideline.

- Particular attention will be given to:

- o Ensuring the person in charge and provider are named.

- o There is a clear admissions criteria stated in the statement of purpose and function document

- o Addressing the arrangements in place to support children residing in the centre.

Date for completion: 30th September 2014.

Proposed Timescale: 30/09/2014