

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Carriglea Cairde Services
<b>Centre ID:</b>	OSV-0004961
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Carriglea Cairde Services
<b>Provider Nominee:</b>	Vincent O'Flynn
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	Noelene Dowling
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
14 April 2015 09:10	14 April 2015 19:10
15 April 2015 09:00	15 April 2015 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was a registration inspection of a community residential centre Comeragh View which is one of a number of designated centres that come under the auspice of Carriglea Cairde Services Ltd. Carriglea Cairde Services Ltd provides a range of day, residential, and respite services in and around the Dungarvan area. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE.

As part of the inspection the inspectors met with residents, the nominated provider, the person in charge, clinical nurse managers, the social worker, the physiotherapist

and social care workers and care staff. Throughout the inspection the inspectors observed practices and reviewed documentation which included residents' records, policies and procedures in relation to the centre, medication management, accidents and incidents, complaints, health and safety documentation and staff files.

The centre consists of three houses and provides residential care for up to 17 adults with a mild/moderate intellectual disability who may have additional needs due to physical disability, sensory impairment, medical conditions or exhibit behaviors that challenge. The service currently had 15 female residents and the houses generally consist of all female residents. There were two houses based in the community in the town of Dungarvan and one house was based on the Carriglea campus. The houses all provided single storey bungalow style accommodation. The three houses were visited and inspected for their suitability and compliance with the regulations and the inspectors met all of the residents. A number of questionnaires from residents and relatives were received and the collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The person in charge works full time and has responsibility for three residential community centers, a respite centre and two community day services. She was seen to be very involved in the day-to-day running of the service and was responsible for the management of the centre which included staffing and budgetary management. Staff, residents and relatives informed the inspector that the person in charge was accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible.

There was an extensive range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their personal plans. Due to the older age profile of the residents in the centre one of the houses provided a retirement group daily for residents who no longer wished to avail of day services and they enjoyed a program of activities designed around their needs and abilities. Another house provided facilities for semi retirement allowing residents to have a lie in over a number of mornings and attend day services in the afternoon. There was evidence of multidisciplinary involvement in residents care and the inspector was satisfied that residents received a good standard of health care with appropriate access to their own general practitioner (GP). Personal plans were viewed by the inspector and were found to be appropriate to the needs of the residents and up to date. The inspectors identified areas in the management of residents' finances and guardianship arrangements, resident's rights and dignity and some health and safety and fire issues that required improvement.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- improvements in the management of guardianship arrangements and resident's finances

- health and safety and fire issues
- ensuring the protection of resident's privacy and rights

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The centre generally catered for residents with intellectual disability with low to medium dependency needs and residents were generally independent in many day to day activities. However many of the residents have additional needs due to their physical disability, sensory impairment, behaviour that challenges and medical conditions and need more support and assistance from staff. Residents with whom the inspector spoke stated that they felt safe and spoke positively about their care and the staff. The inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. The staff and residents informed inspectors that residents were actively involved where possible in the house with residents' meetings held weekly. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on.

Residents and staff confirmed that there was an open visiting policy and that they could receive visitors at any time. They told the inspector that space within the house was provided for them to visit in private if they required.

The complaints procedure was viewed by the inspectors and was found to meet the requirements of the regulations. There was an easy read complaints procedure in place with photos, names and contact details for the complaints officers this was seen on the noticed board in the dining areas and was displayed in a prominent position in the houses as required by the legislation. The procedure identified the person in charge and

two other senior staff as the complaints officers for the service and there was an independent appeals procedure outlined.

The staff informed the inspectors that training in the use of the complaints procedure is provided through day services and that they inform residents about the complaints procedure during residents meetings so that all feedback from residents may be documented and brought to the attention of management. Copies of the Comments and Complaints form 'Having Your Say' were available in the house. The recently updated complaints log was seen in each house to record any complaints and the action taken to address such complaints. The inspectors saw that all complaints were comprehensively documented, investigated and evidence of the complainant being satisfied with the outcome. If the resident required independent support to make a complaint, there was a picture and details of an independent advocate clearly displayed on the wall in the dining area's of the centre.

The inspectors saw that in two houses residents all had their own bedrooms and in the third house although there were two shared rooms due to a vacancy only two residents were sharing at the time of the inspection. The inspectors noted that residents retained control over their own possessions and that there was plenty of space provided for storage of personal possessions. Bedrooms were very personalised with photos, pictures, jewellery, residents own televisions, music systems, DVD's and CD's. The staff demonstrated how they protecting resident's privacy and dignity and used the screening curtains provided in shared rooms. However there is a practice in the service that due to a resources issue a number of the community houses closed for periods of time over Christmas, Easter and for two weeks holiday period in the summer. During this time a number of residents went home to their families or went on holidays. The residents who didn't go home were asked to move to another house for the duration of the time their house was closed. This meant that the resident had to leave their own home at Christmas/holiday time and it also meant that for residents who had gone home/holidays that their room was used by another resident for the duration of their own house closure. Residents and relatives who spoke to the inspectors and completed questionnaires said they did not like to have their rooms used by other residents and some did not like having to leave their own home. The inspectors found that this practice did not protect and respect the privacy and dignity of the residents in relation to his or her living space as is required by the regulations. The provider had submitted a plan to the authority to address this issue but this was not to commence until 2016 so this remains an ongoing issue.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspectors noted that residents had access to appropriate media, such as television, and radio and a number of residents had their own laptops and computers. There was a comprehensive communication policy seen by the inspector and some of the staff were trained in communication techniques such as Lamh and Picture Enhanced Communication Systems (PECS) to aid communication. The majority of the residents the inspectors met had good communication skills and were able to communicate verbally with the staff and inspectors. There were a small number of the residents who did have communication difficulties and staff who spoke to the inspectors demonstrated awareness of individual communication needs of residents in their care and they could outline the systems that were in place to meet the diverse communication needs of residents. In addition the inspectors noted that individual communication requirements had been highlighted in personal plans and were also reflected in practice. Picture boards were seen in some of the bedrooms and plenty of photographs to aid communication. One resident's activity plan was set out in pictures to take into account her communication difficulties and another had further measures put in place to take into account her problems with hearing loss. Communication notebooks were also noted to be in place.

The residents guide and numerous notices were seen around the centre. There was a notice board in the houses which contained a picture of the staff on duty. Pictures were also used to aid communication for menus and other areas. The inspectors saw that other relevant information was also available to residents in an accessible format. From talking to residents and observing staff the inspectors were satisfied that good communication took place in the centre.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

As outlined previously there was an open visiting policy where visitors were welcome to visit at different times and contact was kept with families via the telephone.

The inspector saw that residents are supported to develop and maintain personal relationships and links with the wider community. A number of the residents went out to

their families for visits and for holidays. Regular social outings took place to areas of local interest, the seaside, parks and residents enjoyed trips to local restaurants and pubs.

The inspectors received a number of completed questionnaires from relatives. The collective feedback from all was one of great satisfaction with the care and support their relatives received. They expressed confidence in the staff and services provided. The inspectors saw and relatives confirmed that relatives were updated as required in relation to residents' progress. The inspector saw in residents' personal plans that families were involved in meetings and had signed off on their relative's personal plans. The inspectors saw that these meetings were held on a regular basis. There was evidence that relatives could bring any issue directly to staff and the person in charge and that staff were very responsive to any such issues raised.

The provider had set up a Family Forum and had held inform information meetings for parents families and friends of the residents. These meetings were set up to inform relatives of the new ways of delivering services in line with government policy and to receive feedback. Presentations were given on personal plans, HIQA inspections and other government policy. Two meetings had been held to date with further meetings planned.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

Full details in relation to admissions were set out in the services policy and procedures for admissions, transfer and discharge.

The inspectors viewed the admissions policy which outlined that admissions are managed in a fair and transparent manner. The service has an admissions, transfer and discharges committee which all admissions have to go through and be approved by the committee. The admissions criterion is set out in the policy and takes account of:

- Availability of a suitable vacancy or resources for a new service
- Prioritisation based on need and family circumstances
- catchment area (agreed with the HSE)

All applicants must be over 18 years of age and be assessed to have an intellectual disability (The applicants primary and predominant disability must be intellectual disability). The eligibility criteria also outlined when admissions can be declined. The

admission policy was updated to take account of the need to protect residents from abuse from their peers as outlined in the regulations. Referrals for admission to the service were also set out in the statement of purpose. The person in charge informed the inspector that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety and needs of other residents currently living in the centre. Prospective residents are invited to visit the house prior to moving in. Arrangements are made to introduce new residents to the service by invitation to join the other residents for an agreed short period for example to join for a meal or a social outing. Arrangements are made for the prospective residents to have a number of introductory visits to the house and overnight stays until they feel comfortable to move in full time.

The inspectors reviewed copies of the written agreements in relation to the terms and conditions of residing in the centre. It was noted that the documents detailed the support, care and welfare of the resident and details of the services to be provided for that resident. An attachment to the service agreement included a user friendly easy read version which included the fees to be charged in relation to residents care and welfare in the designated centre and what is included and excluded from these charges as required by the regulations. The service agreements were signed by family members when the resident was unable to sign. It was recommended that the two documents were amalgamated into one comprehensive contract which the provider had agreed to do.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. Two of the three houses in the centre were in the community in close proximity to the town centre. The other house was on the Carriglea campus but the residents visited town regularly at the weekends.

The inspectors saw that each resident's personal plan reflected their individual wishes

regarding social activities. The activities offered each week are also reflective of the wishes of the residents. Evidence of this was seen in the residents meeting book. Staff encouraged residents to engage in activities of their choice within their local community and transport is provided to facilitate same. The costs of social outings such as visits to the cinema or theatre are covered by the resident's personal funds. Residents to whom inspectors spoke described the many and varied activities they enjoyed.

The majority of residents attended day services during the day but due to the older age profile of some of the residents in the centre, one of the houses provided a retirement group daily for residents who no longer wished to avail of day services. These residents were seen by the inspectors to enjoy a program of activities designed around their needs and abilities. Residents were facilitated to have a lie in and get up at whatever time they liked and then get involved in individual and group activities with their peers. Individual activity programs were seen by the inspectors and meetings were held with the residents to discuss what they wished to do. Another of the houses provided facilities for semi retirement allowing residents to have a lie in over a number of mornings during the week and attend day services in the afternoon. Residents confirmed that they were very happy with these arrangements.

The inspectors reviewed a selection of personal plans which were personalised and detailed resident's specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. The inspectors were informed that house parent staff in their houses fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, medical, psychiatric and General Practitioner (GP), dentist and chiropody services. These will be discussed further in outcome 11 healthcare needs.

The inspectors noted that there was a circle of support identified in each resident's person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals.

**Judgment:**

Compliant

**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:**

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

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

**Findings:**

The centre comprises of three bungalows type accommodation two of which were located in residential areas in Dungarvan and one on the main campus in Carriglea. Two of the houses can accommodate up to six residents each and have an extra bedroom for the staff member who sleeps over and the other house can accommodate five residents and provides a sleep over room for staff also. There were 15 residents living in the centre at the time of the inspection.

The houses were all built at different times and varied in their accommodation provision. In one of the houses all residents have a single bedroom with full en-suite shower and toilet facilities. The bedrooms were seen by the inspector to be large and were fully furnished to a good standard and provided ample storage for clothing and personal belongings. Another house had two single rooms and two shared rooms which all had en-suite bathrooms. The shared rooms had adequate screening between beds but the space per resident was smaller in size in comparison to the single rooms. The third house had all single rooms and although there were no en-suite bathrooms the inspectors saw that there were plenty of showers, bathrooms and toilets available for residents use.

The person in charge said residents were welcome to bring in articles of furnishings in order to personalise their rooms which a number had done and the inspector saw that rooms were much personalised with residents own beds chairs and furniture .

There was ample communal accommodation which varied somewhat in the three houses but generally included a sitting room, a large kitchen/dining area. Two houses had an additional conservatory areas. All houses had a bathroom with a bath for residents use.

Laundry facilities were provided within the premise and were adequate. Staff said currently laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the current laundry system and confirmed that their own clothes were returned to them in good condition.

The houses were all found to be very clean and well maintained.

There was ample private car-parking space and all houses had garden facilities with outdoor seating which residents confirmed their enjoyment of in the fine weather. Transport is provided by the service to assist residents in accessing work, education and recreational opportunities.

**Judgment:**

Compliant

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

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

### **Theme:**

Effective Services

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

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

### **Findings:**

The houses included all the requirements of fire safety including fire doors, emergency lighting and fire alarms. The fire policies and procedures were centre-specific. The fire safety plans were viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire displayed. The inspectors viewed records which confirmed that regular fire drills took place in each house with all houses having a number of fire drills in 2014 and in February 2015 . Residents had an individual fire evacuation plan for their home and day service, these recorded the response of the resident during the fire drills.

The inspectors examined the fire safety records with details of all checks and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in November 2014 . However the emergency lighting had not been checked in 2014 and the quarterly fire alarm check in one of the houses was out of date as last checked in December. Following the inspection the person in charge sent confirmation that this had now taken place and was delayed due to the closure of the centre for infection control purposes. There were fire safety check-lists seen which identified which residents were present in the centre at that time and emergency contact details were seen displayed in the hallway. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was held on various dates in 2014 and 2015.

The inspector viewed minutes of the health and safety committee meetings and saw that regular meetings took place. The committee addressed all areas of health and safety including accidents and incidents, fire management plans, boilers, prevention of legionnaire's disease, transport of service users. The health and safety representative meets with the management team monthly and gives feedback on all issues of relevance to their area. The centre-specific safety statement was seen by the inspectors which had been revised in February 2015.

Comprehensive risk assessments were seen by the inspectors and from a selection of personal plans reviewed the inspector noted that individual risk assessments had been conducted. These included fire safety, any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management.

The risk management and risk assessment policy was in place that met the requirements of legislation and the risk registrar included the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

However the inspectors noted that the windows in one of the houses were large and opened out fully which would enable a resident to easily leave the centre via the windows or to sustain a fall from the window. A risk assessment had been undertaken on the windows in 2014 and recommended restrictors be placed on the window opening but the restrictors had not been implemented to date. The inspectors also noted that there were steps down on all external exit doors from one of the houses except from the front door which had a ramp. These required risk assessment and review in relation to the ageing population in the house.

The environment of the houses was generally homely, visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the centre was undertaken by the care staff once their caring duties were undertaken. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. This was particularly relevant in light of only one staff being available in two houses with four to six residents and the increasing dependency needs of the residents. There were other measures in place to control and prevent infection, hand gels and hand hygiene posters were available. Staff and residents had received training in hand hygiene and in cough etiquette. Observation of hand washing by the inspectors indicated best practice was adhered to as staff took opportunities to wash their hands and use hand gels. Staff informed inspectors they had access to personal protective equipment such as gloves and aprons which were used regularly.

The inspectors viewed training records which showed that staff had received up to date training in moving and handling.

The emergency plan seen by the inspectors was very detailed in relation to fire and other emergencies such as power outage, lack of water, adverse weather conditions and vehicle breakdown. However as it was the overall plan for Carriglea services it was recommended that a site specific plan be implemented for each house. There was an emergency information sheet seen in each residents file with photo identification.

The inspector viewed policies in relation to vehicles used to transport residents. The centre owns its own fleet of vehicles which includes two wheel-chair assessable vehicles. All vehicles were serviced and insured.

The centre had introduced a buddy system so that staff in the houses support and check in with staff in other houses, particularly where staff are lone working.

**Judgment:**  
Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom the inspector spoke knew what constituted abuse and demonstrated to the inspector an awareness of what to do if an allegation of abuse was made to them and clearly told the inspector there was a policy of no tolerance to any form of abuse. There was evidence that staff had reported allegations of abuse and followed the policy of the centre. Two staff in the service had completed a train the trainer course in safe-guarding and had provided this training to staff. Records showed that the staff had received training in 2014 and 2015. One of these staff was the designated person to deal with any allegations of abuse, who works in the community with responsibility for the centre as a CNM. The inspectors spoke to the designated person during the inspection. She explained the process followed when there is an allegation of abuse, all allegations are reported to her, she documents the allegation and commences the investigation involving all the relevant people and reports directly to the provider. The inspectors saw evidence that previous allegations of abuse were reported, fully investigated and appropriate action taken. Residents to whom the inspector spoke confirmed that they felt safe and spoke positively about the support and care they received from staff. The inspectors noted a positive, respectful and homely atmosphere and saw easy dialog between residents in their interactions with staff. The inspectors were satisfied that the provider and person in charge had taken adequate steps and safe-guarding practices to protect the residents.

The inspectors viewed the policy on finances and personal property. There was a slight irregularity noted in the arrangements for residents for whom staff in the centre took informal guardianship responsibility which governed care consent, treatment and the management of residents finances. There was no documentation or procedural system in place for this and the social work service had not been involved in this arrangement. The inspectors fully acknowledge that these historical decisions were taken to protect residents and ensure they had access to both care and monies available to them. There was no evidence that there was anything untoward in the actions taken in relation to these matters. However, the system was not documented, implemented and monitored robustly with due regard to the safeguarding of the residents. The provider agreed to undertake a full review of these arrangements in conjunction with the social work and

other relevant services.

A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for specific purchases or as weekly pocket money found that the provider had as requested following a previous inspection of the service implemented a system to ensure that system of dual signatures were required for expenditure and all items were receipted. The inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes. Some residents kept and managed their own money and others required assistance from staff. There was evidence of money management competency assessments completed for residents in their personal plans and financial care plans in place. Residents' money was securely stored and documented in a property log held electronically. Receipts were issued when money was given to residents the receipts were to be signed by the resident and staff member acknowledging the receipts of money. The inspectors saw this was in place for a number of residents and transactions; However the system for decision making in regard to the withdrawal of resident personal monies required review. The provider was already aware of this and to this end had developed a policy which would ensure a more robust monitoring of the amounts which would be withdrawn without management sanction.

There was a policy on challenging behaviour and the inspector saw that staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspector it was noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

There was a policy in place in relation to restrictive practices dated march 2014, the inspector saw and was informed that there was no restraint in use in the centre at the time of the inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspectors saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all

incidents/accidents. The person in charge outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required.

The authority had received all notifications in a timely manner as required by legislation

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

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

**Findings:**

The person in charge informed the inspector that the various day services that the residents attended within Carriglea Cáirde Services provide education and training in areas such as computer skills, horticulture skills, advocacy and relationship skills, and other life skills. The residents themselves described the training and education they were undertaking which was also documented in their personal plans. Numerous certifications of participation and achievement were seen in resident's rooms and in the centre.

As previously outlined residents were supported to enjoy an active retirement and active semi retirement taking into account their individual needs.

Residents outlined to the inspector how they could access appropriate and accessible indoor and outdoor recreational events for example bowling, cinema, and trips to the seaside and to different local pubs.

The inspectors were satisfied that resident's opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Some residents to whom inspector spoke also outline that they had regular roles within the house and the inspector noted that such roles formed part of residents' goals in their personal plans. The inspectors were also informed that these roles were adapted to meet the capacity and needs of the individual residents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspectors saw that residents living in the community were assisted to access community based medical services such as their own GP and were supported to do so by staff that would accompany them to appointments and assisted in collecting the prescription as required. On the campus there was a GP who was contracted to provide a regular service to the residents. Out of hours services were provided by the local on call doctor service who attended the resident at home if required. There was evidence of multidisciplinary involvement in residents care. Psychiatry, social work, speech and language therapy and psychology services were available through the Carriglea Cairde services and regular multidisciplinary team meetings were held where residents care is discussed and reviewed. The inspector met the psychiatrist on a previous inspection and he social worker during the inspection. The psychiatrist confirmed that she visited the service weekly and reviewed residents as required. The social worker completed assessments for admission and was involved in the ongoing social issues with residents and their families.

There were planned supports in place where a resident had had to attend an out-patient appointment in a hospital. Staff outlined that they would accompany the resident if family members were not available to do so. The resident records indicated that staff kept a medical appointment record for each hospital visit by the resident or review by a healthcare professional.

Residents were seen to have appropriate access to other allied health care services such as physiotherapy, occupational therapy, chiropody, optical and dental through the HSE and visits were organised as required by the staff. There was evidence in residents' personal plans of referrals to and assessments by allied health services and plans put in place to implement treatments required. The physiotherapist was seen by the inspectors visiting and treating a resident in one of the community houses during the inspection. She confirmed she provided a regular service as required.

The inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. One of the residents dependency needs had increased greatly over the previous week and appropriate referrals and investigations were seen in the resident's notes. The person in charge had allocated another member of staff to be with the resident at night and for periods during the day. This will be discussed further under outcome 17 workforce.

From reviewing resident's plans the inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used including physical wellbeing assessments, falls assessments, resident related hazard assessment, eating and drinking assessment.

The inspectors saw that in each house residents were fully involved in the menu planning. Meetings were held with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. The inspectors noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options. The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. The inspector viewed the monitoring and documentation of some residents' nutritional intake and noted that referrals were made to the GP and speech and language. Some of the residents were seen to have swallow plans with some residents requiring a soft diet. The inspector observed that residents had access to fresh drinking water at all times and residents' weights were recorded on a regular basis.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There were centre-specific medication management policies and procedures in place which were viewed by the inspector and found to be comprehensive. The inspectors saw that the residents own GP generally prescribes all residents medication and this is obtained from the local pharmacist for each resident. The houses had medication supplied in a monitored dosage system. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement. Medications were seen to be stored securely in a locked cupboard in a locked room.

Staff demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. The staff said they would contact a member of nursing staff if they ever had a query in relation to medication. Non nursing staff had undergone two days training on safe medication

administration and in accordance with the centres policy staff and recommendations from previous inspections of the service were assessed as competent by a nursing staff prior to any administration of medications to residents and on a regular and ongoing basis. The inspectors saw evidence of this training in staff files and staff confirmed their attendance and having undergone the assessment process. The inspectors saw that medication errors, incidents and near misses were all recorded in accordance with legislative requirements.

The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. There was evidence of an external audit of medication management undertaken by the pharmacist and issues identified had been addressed. A medication fridge was available in each of the houses.

The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no residents that required scheduled controlled drugs at the time of the inspection and the inspectors noted there was very little PRN medication being used.

**Judgment:**

Compliant

**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:**

A recently updated statement of purpose was available and reviewed by the inspectors. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre.

The person in charge confirmed that she kept the statement of purpose under review and the inspectors noted that there was a copy of the Statement of Purpose available in each house.

The statement of purpose was found to be comprehensive and contained all the relevant information to meet the requirements of legislation.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Carriglea Cairde Services Ltd provides a range of day, residential, and respite services in and around the Dungarvan area. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board of directors meet on a bi-monthly basis. The board of directors has a number of sub committees each with their own terms of reference. The general manager is the chief executive officer who leads a senior management team. The senior management team consists of the person in charge, an administrator/quality and standards manager, a human resources manager, and a finance manager.

The person in charge is the senior services manager and works full-time and is a registered nurse intellectual disability and a registered general nurse. She has 23 years experience working in a nursing role in services for people with disabilities and in general nursing of which 10 years are in a management role. She holds a diploma in nursing and is currently undertaking a management qualification.

The inspectors formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The person in charge was actively engaged in the governance and operational management of the centre, and based on interactions with the person in charge during the inspection, she demonstrated a good knowledge of 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. The inspector saw that there was a copy of the National Standards and the Regulations were available to staff along with other relevant documentation.

The inspector noted that residents were familiar with the person in charge and approached her with issues and to chat with her throughout the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspector were clear about who to

report to within the organisational line and of management structures in the centre. A CNM1 deputised in the absence of the person in charge and was seen to be also fully involved in the management of the centre also.

The inspector noted that throughout this inspection and all previous inspection of Carriglea Cairde services the provider, person in charge and staff demonstrated a very positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents.

The provider visited the centre on a regular basis and had undertaken unannounced visits which he had documented. He had completed 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 as required by the regulations. A copy of this report was given to the inspectors and found to be comprehensive and took into account the changing needs of residents and the increasing dependencies. As stated previously in the report the provider had set up formal meetings with relatives to communicate and receive feedback on the services provided.

The inspector saw that there was also an annual report completed on all the services and was informed this report was completed annually. The report detailed all aspects of the services and included health and safety, admissions, transfers, discharges, staff training and development, reports from the quality committee and maintenance projects.

There is also ongoing auditing of various aspects of the service which included medication management, resident's records, financial records, accidents/incidents, complaints, safeguarding and health and safety audit. An audit schedule was seen by the inspectors to be in place. The inspectors were satisfied that there were systems in place to monitor the quality of care and experience of the residents and that support and promote the delivery of safe quality services through ongoing audit and review.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There had been no periods where the person in charge was absent from the centre for 28 days or more and there had been no change to the person in charge. But the

provider was aware of the obligation to inform the chief inspector if there is any proposed absence.

Support and acting up arrangements were comprehensive, a CNM covers for the person in charge when she is away and is supported by the nominated provider. There is also a second CNM who is fully involved in the management of the service and is also available to act up if required.

**Judgment:**  
Compliant

### **Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

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

#### **Findings:**

There is an annual budget for the centre which is reviewed on a monthly and then annual basis. The person in charge told the inspector that funding would be made available in the event of a major piece of equipment breaking down and requiring replacement. The inspectors noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required.

The centre was well maintained and furnished to a high standard and the inspectors formed the opinion that the centre is generally resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. However as outlined in outcome one the centre did not have the resources to keep all the houses open during the Christmas and summer holiday period.

**Judgment:**  
Compliant

### **Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

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

**Findings:**

There was a planned and actual staff roster in place which showed the staff on duty during the day and night for the regular staff, however as the services were providing additional staff for one of the residents it was not clear what staff had been on duty or what staff were coming on duty and this did not meet the requirements of legislation.

The inspectors observed that residents were familiar with staff, and regular staffs pictures were on the notice board in the dining area to inform them of who was on duty. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspectors spoke to staff on duty during the inspection staff and found that appeared to be very competent and were aware of their roles and responsibilities. The staff were very knowledgeable about residents and their needs. A number of staff in the centre generally worked alone but stated they felt well supported by the person in charge and they could contact a senior manager on call at all times that they can call for advise or assistance. The staff said they kept contact with other houses in the community and as discussed previously the buddy system assisted them to feel more supported. One of the management team worked on a Saturday so were available to meet and support the staff as required. However the increasing dependency needs of the residents particularly in one house which had six residents and only one staff member made it difficult for staff and residents to go out particularly at weekends and there was limited support available to facilitate longer trips out. The staffing levels required review to ensure they were meeting the needs of the residents.

There was a policy on recruitment and selection of staff and there was evidence of effective recruitment procedures and a comprehensive induction procedure.

Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of 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 were available. There was evidence that new staff received a comprehensive induction programme and these were seen signed by the staff member and the line manager in individual staff files.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that accessible copies of the standards were available in the centre and staff spoken with demonstrated adequate knowledge of the regulations and standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. Further education and training completed by staff included food safety, first aid, risk management, person centred training, records management, heart saver CPR, health and safety and hand-hygiene.

The inspector noted that staff meetings took place monthly and that staff were facilitated to communicate with fellow staff and the person in charge around issues relevant to the residents and the centre. A formal appraisal system had been recently implemented. Records showed that the person in charge or CNM's formally met with each staff member and staff stated they found this very beneficial.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspector reviewed the centres policies and procedures and found that the centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Staff to whom inspectors spoke demonstrated an understanding of specific policies such as medication policy and managing allegations of adult abuse in practice. In relation to residents records such records were generally complete and up to date.

The inspectors reviewed the directory of residents and noted that the directory was completed for each resident and contained the required information.

The inspector found that records were accurate and complete however in some of the houses they were not all maintained in a manner that allowed them to be easily retrieved by staff due to the numerous files kept on each resident.

**Judgment:**

Compliant

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## **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:***

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Carriglea Cairde Services
<b>Centre ID:</b>	OSV-0004961
<b>Date of Inspection:</b>	14 and 15 April 2015
<b>Date of response:</b>	11 May 2015

### Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The closure of houses for specified times whereby residents were required to move to other houses, and residents who were away on holidays had their rooms used by another resident for the duration of their own house closure.

**Action Required:**

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

Under Regulation 09 (3) you are required to: 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.

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

Carriglea Cáirde Services are committed to working towards maintaining all community houses remaining open throughout holiday periods and within available resources. In the interim for periods when houses close due to resource constraint during holiday periods - Easter, Summer and Christmas, the Services will continue to consult with service users and their families in order to support people under Residents Rights, Dignity and Consultation and to find appropriate outcomes for people.

In regard to the Services stated objective of maintaining community houses open throughout the holiday periods the following proposals are under consideration. Residents will be consulted with throughout this process and residents feedback will be incorporated into the prioritisation of holiday periods of which houses are to remain open:

- Advancing a funding proposal for incremental resources under service developments 2015.
- Utilisation of the Respite house during holiday periods in order to support people under Residents Rights, Dignity and Consultation.
- In consultation with services users and their families a review of the current residential locations is to be undertaken by the admissions, discharge and transfer committee.

Subject to the above. In 2016 houses to remain open for the Easter holiday period. In 2017 houses to remain open throughout the Easter holiday period and Summer holiday period. In the interim in absence of resources for the periods of house closure throughout the Christmas holiday time residents will be consulted with in order to develop the most person centred outcome.

Admissions Discharge and Transfer Committee to convene and consider proposals and advance the person centred proposals by May 2015.

Proposal for incremental funding by May 2015.

Further Utilisation of the respite house by December 2015.

**Proposed Timescale:** 31/12/2015

**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:**

A risk assessment had been undertaken on the windows in one of the houses 2014 and identified that restrictors be placed on the window opening but the restrictors had not been implemented to date. Therefore the control measure was not implemented.

There were a number of steps down on all of external exit doors from one of the houses except from the front door which had a ramp which required control measures.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

A review of the risk assessment 2014 will be undertaken and control measures arising from the risk assessment will be implemented and recommendations pertaining to relevant windows and associated requirements for window restrictor will be implemented.

In regard to the steps down on all of the external exit doors that did not have a ramp in place, a risk assessment will be completed and the resulting control measures as identified will be put in place.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

The Emergency lighting had not been tested or serviced in the centre in 2014.

**Action Required:**

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The emergency lighting will be tested by a competent person and appropriate certification to indicate testing compliance for the Designated Centre will be in place.

**Proposed Timescale:** 31/05/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Systems to protect residents for whom the provider acted as informal guardian and agent were not robust and in accordance with legislation.

**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:**

For residents where the provider acts as an informal guardian, the Provider will develop policy and procedural guidelines to ensure robust measures are in place in accordance with legislation.

The quality committee of the Services will develop the policy and procedure guidelines. The guidelines will incorporate multi-disciplinary input including Social Work recommendations.

On-going social work review and intervention as appropriate will form part of the oversight committee that will monitor the informal guardian arrangements.

**Proposed Timescale:** 30/06/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The staffing levels required review to ensure they were meeting the needs of the residents with increasing dependency needs.

**Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Staffing levels are being reviewed taking into account the increased dependency needs of residents. A submission will be put forward to the HSE where it is identified that additional resources are required to meet these increased dependency needs.

**Proposed Timescale:** 30/06/2015

**Theme:** Responsive Workforce

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

As the services were providing additional staff for one of the residents it was not clear what extra staff had been on duty or what staff were coming on duty and the rota therefore did not meet the requirements of legislation.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The names of extra staff rostered for duty will be clearly documented on the staff rota as soon as possible after staff have been identified to fill the required duty rota.

**Proposed Timescale:** 31/05/2015