

**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 Health Service Executive
Centre ID:	OSV-0002452
Centre county:	Monaghan
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Philip Daughen
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 30 June 2015 10:30 To: 30 June 2015 16:00

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 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was the third inspection of the designated centre. It was completed to assess progress by the provider and person in charge with completion of the action plans developed from findings of the last inspection in October 2014. The inspectors observed that staff engaged with residents positively and respectfully on the day of this inspection.

Inspectors found that while actions were in progress to address the non-compliances identified on the last inspection some had not been satisfactorily completed and many were past their completion dates as proposed by the provider. Moderate non-compliances with the legislation were found in the following

- Residents Rights, Dignity and Consultation
- Safe and Suitable Premises
- Health and Safety and Risk Management
- Medication Management
- Governance and Management

Areas of substantial compliance included Communication and Records and Documentation.

One of the two houses comprising the designated centre premises required review to ensure residents had access to external safe areas including gardens. The layout and design posed accessibility difficulties for some residents due to the stairway and vehicular access to a car park located at the back of the community house.

Some aspects of fire safety required review to ensure residents' safety needs are met as described in outcome 7 of this report.

The action plan at the end of this report identifies the areas requiring improvement by the provider/person in charge is required to 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, 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):

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

Findings:

On the last inspection the privacy and dignity needs were not adequately met for a resident accessing a shower/toilet facility through a communal kitchen/dining room and a utility room for personal care and hygiene. Inspectors found on this inspection that a newly constructed en-suite toilet, shower and hand basin facility was constructed and was fully operational off the resident's bedroom. This action ensured this resident's privacy and dignity needs could be met during personal care activities. All residents furnished their own bedrooms.

On the last inspection of the centre in October 2014, inspectors found that records of complaint investigations lacked adequate detail in some cases and the complainant's satisfaction with the outcome of the complaint was not consistently ascertained. There were four complaints logged in the complaints log for 2015. The inspectors found that while complainants' satisfaction with the outcome of the complaint investigation, it was not consistently documented. Inspectors also found that investigation documentation for one of the four complaints logged did not include copies of details of the outcomes of meetings as referenced. These areas of non-compliance are restated in an action plan at the end of this report.

Findings in relation to;

- limitations of access placed on some residents due to the design and layout of one community house and unsafe external areas
- restrictions placed on some residents to protect others in relation to freedom to open windows in some bedrooms and some communal areas in one house were not of an

adequate standard on inspection in June 2014. While work to address these areas was in progress on the last inspection in October 2014, this work although at an advanced stage was not fully completed on this inspection. The provider advised the Authority that these actions would be fully completed on 06 February 2015. These findings are also discussed further under outcomes 6: Safe and Suitable Premises and 7: Health and Safety and Risk Management in this report.

Arrangements in place to prevent access by one resident to a stairs and access to the kitchen by another placed limitations on other residents. Inspectors found that procedures were taking place to ensure safeguarding arrangements for one resident in relation to access to the stairs from the ground to the lower ground floor did not restrict any residents from access to their bedrooms or to the external area of one community house. However, this work was not completed and while residents residing on the lower ground floor had personal keys to the door on the stairs, not all residents residing on the ground floor could independently access external areas safely on the days of inspection.

Arrangements to safeguard residents' assessed as being at risk of injury by accessing the kitchen required review to ensure other residents' freedom to access this area was not compromised. These findings are discussed in outcome 1 of this report.

All residents had private accommodation in the form of their own bedroom. On this inspection, inspectors found that not all residents were found to have the means to lock their bedroom doors for privacy. Some residents who wished to lock their doors were facilitated to do so by being given a key for their bedroom door. The lack of thumb turn type fastenings on the inside of bedroom doors in all cases meant that some residents potentially required the key to escape in an emergency (discussed further in outcome 7) and also potentially meant that the door could not be opened from the outside in an emergency if the resident left their key in the lock when occupying their room. Inspectors also noted glass panels in a number of bedroom doors that compromised the privacy of the resident within their own bedroom.

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):

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

Findings:

On the last inspection in October 2014, inspectors found that improvement was required to ensure residents were assisted and supported to communicate in accordance with their needs and wishes in respect of personal plan documentation. Inspectors found on this inspection that work was in progress on developing accessible format personal planning templates and resident guides for each community house. Personalised documentation was developed referencing each resident's communication gestures and sounds to assist their communication with those less familiar with them.

There was evidence that some residents with communication difficulties were referred for assessment for use of specialist assistive technology to support them in meeting their needs in this area.

Judgment:

Substantially 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):

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

Findings:

There were no residents in transition to community living on the days of this follow-up inspection in either community house in the designated centre. The inspectors reviewed a sample of residents' contracts and found that it detailed the terms on which the residents shall reside in the designated centre. The agreement set out the services to be provided and fees to be charged including details of any additional charges. Some residents' contract document was been reviewed and awaiting signatory agreement by their family on the days of inspection. The document was explained to residents who were encouraged to co-sign this document with a family member.

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):

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

Findings:

Residents' annual personal planning process forum was not reflective of input from all members of the multidisciplinary team involved in their ongoing care on the last inspection in October 2014. The inspectors found evidence that progress had been made with improving involvement by representatives from the multidisciplinary team who had an input in each resident's care. However, this required further improvement to ensure all specialist representatives' input was sought for the purpose of review in each case. For example, the input of psychological and behavioural specialist services tended to be in response to a episode of resident need when the resident was unwell and not followed up by an overall review in some cases to ensure their progress and/or ongoing health and quality of life.

Each resident had personal goals developed, derived from their six-monthly review and annual personal planning meeting. Personal planning forums were generally convened with the resident, significant other, day programme lead and key or/and associate workers. Progress with achievement of goals was reviewed on a monthly basis. On the last inspection the inspectors found that not all personal goals agreed with residents were achievements to aspire and work towards. Some areas identified as goals were already part of residents' routines. On this inspection, goal-setting in a sample of residents' documentation were generally meaningful and developmental. All residents had access to a day service programme and with the exception of one resident attended same from two to five days each week. One resident chose not to attend their day service programme and while participating in activation and developmental activities in the community house, there was evidence that staff were working with this resident towards a day service placement to the satisfaction of this resident.

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:

Effective Services

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

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

Findings:

This designated centre consisted of two, two-storey houses. The designated centre was found to generally meet the needs of residents on this inspection following work completed since the last inspection in October 2014. The centre was suitably decorated in a homely manner with adequate heating, lighting and ventilation. The centre was found to be clean and in a good state of repair. Inspectors also found that the residents were provided with adequate private and communal facilities.

On this inspection, inspectors found that access to the stairs was intermittently controlled and could only be accessed by a key. Inspectors were informed that this arrangement was in place due to a physiotherapist assessment for one particular resident who recommended that one resident should not use the stairs. While the use of keys in this manner was done for the safety of this one resident in particular, it also meant that the other residents could not freely use the stairs without having a personal key. Residents residing on the lower ground floor had been risk assessed and provided with a key which these residents were instructed and supported to use independently. The provider advised inspectors that key operated locks would be replaced with thumb locks.

Residents with bedroom accommodation on the lower ground floor were required to use the stairs to travel to/from their bedrooms to the communal facilities. The resident who was assessed as not being able to access the stairs at any time was facilitated in not having to access same as their room was located on the same level as the communal facilities. While work was in progress to facilitate independent access to external areas for this resident by the front door, this was not fully completed on the day of inspection.

The provider had fitted robust fencing around the perimeter of the external area used by residents; this was an action from the last inspection. However, the gates separating the area from the public road were manually operated and not suitable for maintaining the safety of residents. Inspectors were informed that the provider was in the process of making arrangements for the fitting of an electrically operated gate to replace the manual gate. Inspectors noted a gate in the fence that was not secured with a lock to prevent uncontrolled access and egress from the area. The area continued to be used to facilitate the parking of cars in an area at the back of the centre.

The lack of adequate bathroom facilities for one resident identified on the last inspection had been fully addressed through the provision of an additional en suite toilet, shower and wash-basin.

The bedroom windows were replaced with windows which maintained the safety of a resident while allowing him/her to ventilate their room as appropriate; this was an action

from the last inspection. The windows in the kitchen and sitting room required modification to meet the needs of residents. These windows had restrictors fitted to limit the angle of opening. These windows continued to not adequately meet the needs of the residents whilst maintaining resident safety in all cases.

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):

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

Findings:

While the centre was deemed by inspectors to be compliant in many respects in relation to Health and Safety and Risk Management matters on the previous inspection by the Authority in October 2014, ongoing non-compliance with the regulations with respect to risk management procedures were found on this follow-up inspection.

There were a number of environmental hazards identified on the previous inspection that had not been appropriately risk assessed with adequate control measures implemented. These hazards, including ground conditions and lighting, were found on this inspection to have been adequately addressed by the provider with the exception of control measures in place to reduce the risk of injury to residents from vehicular traffic. The gate provided to the road, identified as a risk control measure did not adequately safeguard the residents as cars continued to access and be parked within the external area provided for and accessed by residents. The current use of keys in bedroom doors had not been risk assessed to ensure the room was accessible in an emergency if the key was left in the lock inside the door.

In relation to fire precautions, the centre was equipped with a fire alarm, emergency lighting and first aid fire fighting equipment throughout. The centre was fitted with fire doors throughout where required. A member of staff was able to provide fire procedures and maintenance documentation in relation to fire equipment on request. Doors on escape routes were secured with key locks. The key was carried by staff members and copies of the keys were kept in break glass boxes adjacent to final exits. Inspectors observed a fire door to a linen store that was left open throughout the inspection and also filing cabinets located within the escape stair in one of the premises.

Inspectors found that the manual call points on the fire alarm were found to be activated by key. Staff members were in possession of this key and a spare key was also

kept within a box provided for fire extinguishers. However there was no evidence that this arrangement had either been certified as a variation from the Irish Standard 3218: 2013 Fire Detection and Alarm Systems for Buildings or that the arrangement had been risk assessed. All residents had personal evacuation risk assessments completed which was tested by completed fire drill procedures.

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):

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

Findings:

On the last inspection of the centre in October 2014, inspectors found that review of PRN psychotropics used for episodes of residents' agitation required improvement in terms of documentation of evaluation of appropriateness and recording of alternative proactive mechanisms used to de-escalate behaviours.

Safeguarding policy and reporting procedures were in place.

Judgment:

Compliant

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):

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

Findings:

All incidents of containment and restrictive procedures were notified as required to the Authority.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Non-compliance with the regulations identified on the last inspection of the centre in October 2014 in relation to care planning procedures was found to be satisfactorily completed on this inspection.

On the last inspection of the designated centre, the dietary intake by residents with specific dietary requirements was not clearly recorded in terms to facilitate comprehensive evaluation of the effectiveness of nutritional interventions to address dietary needs identified. On this inspection, while inspectors found that each resident's dietary intake was recorded; greater detail was required in relation to amounts and type of food eaten especially for residents on specialist diets. For example, 'vegetables' was recorded for some residents without any reference to the type of vegetable eaten. This finding is also discussed in outcome 18 of this report. Residents had access to adequate dietetic and speech and language professional input.

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):

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

Findings:

While there was evidence that the pharmacist for residents was contacted in December 2014 with arrangements made for the pharmacist to visit the centre twice yearly to meet with residents and/or families and complete medication audits, there was a lack of evidence that this was completed.

This finding is restated in an action plan at the end of this inspection report.

Judgment:

Substantially 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):

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

Findings:

Inspectors found on the last inspection in October 2014 that not all areas of the service were adequately monitored to ensure that the service including accommodation was safe, appropriate to residents' needs, consistent and effectively monitored. Quality improvement plans were not developed to ensure all areas of deficit were addressed.

On this follow-up inspection, the person in charge demonstrated the implementation of a management system which had been put in place in the designated centre in response to an action plan to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Auditing of key clinical areas was in progress to ensure safety of care. Areas of deficit were identified in quality improvement plans. The provider had completed an annual review of the quality and safety of care which was available to inspectors for review.

Clinical Supervision of staff was commenced in January 2015 with the person in Charge of the service. The person in charge had completed training in this process and had

commenced supervision of staff practices.

While mostly in progress, some action plans identified as the provider as completed or for completion within a specified timescale following the last inspection were not satisfactorily completed and are restated with this report. This finding did not support robust governance and management arrangements in the designated centre to ensure the needs of residents were adequately met as required by the regulations.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Inspectors found evidence on the last inspection in October 2014 that training was required by staff involved in residents' food preparation to ensure they were knowledgeable in food preparation for residents requiring special diets to meet their needs.

On this inspection, inspectors found that all staff had attended training in this area of practice. Some residents were assessed as requiring modified consistency foods which were provided.

Judgment:

Compliant

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)

Theme:

Use of Information

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

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

Findings:

On the last inspection in October 2014, the records as required under Schedule 4 of the regulations were not complete. Records of the food provided for each resident was not maintained in sufficient detail to enable determination whether dietary intake was satisfactory in relation to specialised diets prepared for residents.

This finding was repeated on this inspection and is restated in the action plan at the end of this report.

Inspectors also found on the last inspection that records as required by schedule 3 of the regulations were not complete in relation to use of PRN psychotropics to modify residents' behaviours including rationale for use and the proactive interventions to manage the behaviour.

On this inspection, the evidence supported improvements in these records in relation to PRN medication.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
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 Health Service Executive
Centre ID:	OSV-0002452
Date of Inspection:	30 June 2015
Date of response:	07 September 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:

Not all residents were found to have the means to safely lock their bedroom doors for privacy.

The presence of glass panels in the bedroom doors in some cases compromised the privacy of the residents' residing in same.

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

Action Required:

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:

All residents will have thumb turn locks installed on their doors for privacy.
All glass panels on bedroom doors have been covered to ensure privacy.

Proposed Timescale: 23/09/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Records of one complaint investigation did not include all relevant details and the complainant's satisfaction with the outcome of the complaint investigation, while ascertained was not consistently documented in each case.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The nominated person has provided details of the outcomes of meetings held in relation to complaints logged. The nominated person will maintain a record of all complaints including details of any investigation, the outcome of the complaint, and will ensure that if there are further actions required this will be carried out and ensure that resident is satisfied.

Proposed Timescale: 13/08/2015**Outcome 02: Communication****Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Personal planning and resident guide documentation was not in accessible format.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Residents guide is now in accessible format from 15.07.15.

Each residents person centred plan will be completed in an accessible format by 30.09.15

Proposed Timescale: 30/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The layout and design of one community premises did not meet the aims and objectives of the service and needs of residents due to limitations on access posed by

- a deep descending stairs which prevented some residents accessing external areas in the absence of safe access through the front of the centre.
- the absence of a safe external area due to on-site vehicular traffic.
- high level windows in communal areas

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

An atomised electric gate is currently being installed which will ensure safe access to the front of the premises.

A safe exit to access external enclosed garden to the side of the house has been agreed upon and work will be completed on this by 16.11.15.

High level windows are currently being changed.

Proposed Timescale: 16/11/2015

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:

The control measures in place on the date of the inspection to reduce the risk of injury to residents from vehicular traffic were not adequate.

Current use of keys in bedroom doors required review as they potentially rendered the room inaccessible in an emergency if the key was left in the lock inside the door.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

An atomised electric gate is currently been installed which will ensure safe access to the front of the premises.

Thumb turn locks are currently being installed in each resident's room.

Proposed Timescale: 25/09/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider did not take adequate precautions against the risk of fire in the following respects:

- A fire door to a linen store was noted as being left open throughout the inspection.
- There was one incidence of the storage of combustibles within an escape stair (filing cabinets)

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

All staff has been advised and a sign erected to linen door clearly stating to keep this door closed at all times.

Filing cabinets have been removed.

Proposed Timescale: 14/08/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence that the use of key operated manual call points on the fire alarm system had either been certified as a variation from the Irish Standard or that the arrangement had been risk assessed.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- A risk assessment has been completed on the 20.08.15 based on the needs of residents.
 - Fire policy for the designated centre has been reviewed to include the requirement for staff to carry keys.
 - There was a variation on the fire alarm system in accordance with IS 3218. HSE Fire officer has provided documentation on same.
- All of the above can be viewed on site.

Proposed Timescale: 08/09/2015

Outcome 12. Medication Management

Theme: Health and Development

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

There was inadequate evidence that a pharmacist of the residents' choice or acceptability was available to them.

There was no record of medication audits completed by the residents' pharmacist.

Action Required:

Under Regulation 29 (1) you are required to: Ensure that a pharmacist of the resident's choice or a pharmacist acceptable to the resident, is as far as is practicable, made available to each resident.

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

Pharmacist has been contacted and has carried out a medication audit on 3/09/2015

Proposed Timescale: 03/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Some action plans identified following the last inspection were not satisfactorily completed on this inspection.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

All action plans identified following the last inspection will be completed by the below

timescale.

Proposed Timescale: 16/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The records as required under Schedule 4 of the regulations were not complete. Records of the food provided for each resident was not maintained in sufficient detail to enable determination whether dietary intake was satisfactory in relation to specialised diets prepared for residents.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

A detailed dietary intake of each resident has been implemented on 25.08.15.

Proposed Timescale: 25/08/2015