

**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 Peter Bradley Foundation Limited
<b>Centre ID:</b>	OSV-0001520
<b>Centre county:</b>	Wexford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Peter Bradley Foundation Limited
<b>Provider Nominee:</b>	Barbara O'Connell
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the 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:
02 February 2016 10:30	02 February 2016 18:00
03 February 2016 12:00	03 February 2016 18:00

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 inspection of a community based designated centre operated by Acquired Brain Injury Ireland was conducted in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 2013. During the inspection the inspector met with management, residents, family members and staff members, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures and staff training records.

The inspector was satisfied that a high standard of care and support was offered to residents. Families told the inspector that they could not fault the service offered to their relatives, and that they also felt supported by the organisation.

The centre achieved compliance with the Regulations in 15 of the 18 outcomes. Some improvements were required in the risk management and in the management of restrictions. These issues are discussed in the body of the report and in the action plan at the end.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure which was detailed enough to guide staff, including a clear process of the management of complaints. This procedure was available in an accessible version so as to guide residents if required. There were no current complaints, although an appropriate log of any complaints was available. The service also kept a record of any compliments.

The inspector found that there was an ethos of promoting rights for residents, for example, rights and responsibilities information was available to residents. One of the residents had expressed the preference to move location to be nearer to their family and plans were underway to facilitate this choice.

Family members of residents who were engaged by the inspector during the course of the inspections said that their relatives were treated with dignity and respect. One family member said that they had no anxiety about their relative's placement in the centre because they knew that the resident felt loved by the staff.

**Judgment:**

Compliant

**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:**

Each resident had a 'communication passport' in their personal plan which outlined in detail the optimum methods of communication for each resident. Detail documented included the use of non verbal communication such as touch and proximity. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.

A speech and language therapist was available for those residents who required this input, and there was evidence of appointments. Residents had access to media including internet, tv and phones.

**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:**

Links were maintained with the families of residents, it was clear that families were welcome in the centre, and that they were well known to staff and other residents. One family member commented in relation to the staff and other residents 'they are all like family to us'.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, residents went horse riding and visited restaurants in the community. One resident was engaged in a training course towards future employment which included work placements in the community.

**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:**

There were written agreements of care available in residents' personal plans. However, these contracts did not include any charges. An appendix had been added outlining charges, and a letter sent to relatives of residents informing them of this. However, the revised information had not been signed as agreed by the resident or their representative.

**Judgment:**  
Substantially 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:**

Assessments of need and personal plans were in place for each resident. Assessments included various aspects including communication, physical and medical needs and cognitive and emotional needs.

There was a strong emphasis on rehabilitation in the centre, and each resident had an Individual Rehabilitation Plan. There were clear goals identified in personal plans in relation to maximising the potential of residents, as required by the regulations. Goals included skills building, such as independent management of finances, and were broken down into smaller steps.

There was evidence that steps had been taken towards meeting the goals of residents, for example the goal of one resident was to move location to be nearer to their family, and steps had been taken towards this, including sourcing a house and costing the move.

Where residents had chosen not to engage in this process, this was documented, as was the input from staff to encourage engagement.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents in accordance with their assessed needs. For example, one resident was involved in a community training course. Preferred activities were identified for each of the residents, and a record of activities kept.

Leisure activities were facilitated for residents, including outings, sports and shopping trips, walks and meals out. Where residents chose home based activities this was documented.

**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):**

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

**Findings:**

The designated centre was a spacious detached home in a rural setting. There were pleasant, large and private gardens to the front and rear of the house, including parking for several cars. There were ramps at the entrances to the house, and the corridors were wide so as to accommodate wheelchair users.

The accommodation comprised two self contained apartments which were entered via the main accommodation. There were three further bedrooms for residents. There were bathrooms in each of the apartments, two further bathrooms and two toilets in the main accommodation. There were various communal areas, including kitchen/dining room, living rooms and a utility room.

Each resident's accommodation was appropriate to meet their assessed needs, including those who needed apartment type accommodation. There was adequate storage throughout the centre, and sufficient private and communal areas.

**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:**

While there were systems and practices in place in relation to the management of risk, some improvements were required in relation to fire safety.

The inspector found that there were some systems in place for the prevention and detection of fire. There was regular fire safety training for the staff and fire drills had been conducted every month. However, a fire drill had not taken place at night, nor had it taken place with only two staff as there would be during the night. In addition there was insufficient evidence that all steps had been taken to mitigate the risk associated with a resident who refused to engage in the fire drill.

Staff were aware of the fire evacuation plans and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly. However, most of the self closing fire doors downstairs, and one upstairs did not close as the latches were faulty. The person in charge undertook to address this immediately, and the fire doors were in working order by the start of the second day of the inspection. All staff had received training in fire safety.

The inspector was also concerned about the fire alarms in the centre. Whilst they were connected alarms, in that if one alarm was activated the system alarm sounded, there was no way for staff to determine the location of the fire. The layout of the premises was spread out in that it was over three floors, and the downstairs floor had an apartment at each end with the general living accommodation in between.

Risk assessments were available, both environmental and individual. For example, risk assessments were in place in relation to personal care and in relation to the use of equipment and appliances. A risk register was available, however this only included organisational and environmental risks but did not address individual or clinical risks. Therefore there was not adequate oversight of all risks in the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents, and had all received training in the protection of vulnerable adults. There were clear money management plans and a robust system of safeguarding residents' personal money in accordance with their assessed needs. However, some improvements were required in the management of restrictive practices.

Where residents had been assessed as requiring behaviour support some assessments and strategies were in place, but not all were documented. For example, staff described a strategy for the management of a behaviour for one resident which involved a significant consequence. This was not documented or recorded, so that it was unclear as to how the effectiveness of the strategy could be evaluated.

However, for another resident there was a detailed behaviour support plan including clear descriptions and recording of behaviours and detailed plan of care. Implementation of this plan was documented and it was reviewed regularly. There was involvement of the organisation's psychologist in the review of behaviour support plans.

There were several restrictive practices in place in the centre which had not been identified as such, and therefore had not been recorded or reported appropriately. In addition there was insufficient evidence that all alternatives to the restrictions had been considered. These restrictions included the use of a stairgate to prevent a resident going downstairs unattended at night, and the locking of the bathroom and wardrobe in the apartment of another. The latter restrictions were removed and alternative strategies put in place during the course of the inspection, and an occupational therapy assessment took place on the second day of the inspection in relation to the stairgate. The person in charge undertook to implement any recommendations from this assessment with a view to reducing the restriction.

**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:**

All the required notifications had been submitted to the Authority in a timely manner.

**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 ethos of the centre was one of rehabilitation, and each resident had a n Individual Rehabilitation Plan. There were clear goals identified in personal plans in relation to maximising the potential of residents, as required by the regulations. Goals included skills building, such as independent management of finances, and were broken down into smaller steps.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents in accordance with their assessed needs. For example, one resident was involved in a community training course. Preferred activities were identified for each of the residents, and a record of activities kept.

Leisure activities were facilitated for residents, including outings, sports and shopping trips, walks and meals out. Where residents chose home based activities this was documented.

**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:**

There was evidence of a balanced and nutritious diet. Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs. A nurse specialist in diabetes had given recommendations for diet and these were followed.

Residents had access to allied healthcare professionals in accordance to their assessed needs, for example, the speech and language therapist, General Practitioner (GP), psychologist and chiropodist. There was an out of hours GP service available if required. Records of engagement with allied healthcare professionals were maintained, and there was evidence of their recommendations being followed.

Health assessments had been conducted on all residents, and healthcare plans were in place for all their assessed needs of residents. For example, plans were in place n relation to diabetes, foot care and personal care. A care pathway had been devised in conjunction with the local hospital to provide guidance if a transfer to hospital was required for some of the residents.

**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:**

Structures were in place in relation to the safe management of medications. Prescriptions contained all the information required by the regulations, and prescriptions for 'as required' medications included clear instructions relating to the conditions under which they should be administered. An individual medication management plan was in place for each resident.

Systems were in place to ensure the safe ordering and receipt of medications. Medications were stored appropriately, regular stock checks took place and stock reviewed by the inspector was correct.

Staff had all received training in the safe administration of medications. All staff engaged by the inspector could outline each residents' administration requirements, and displayed knowledge of all the medications prescribed in the centre.

Any medication errors were recorded both in the resident's medication folder, and on an accident and incident form. They were discussed at handover and at monthly staff meetings.

**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:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review. It was available to residents and their representatives.

**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:**

There was an appropriate management structure in place which supported the delivery of safe care and services.

Within this structure various team meetings were held, including local staff meetings, meetings of persons in charge and area manager, regional meetings and referrals meetings. There was effective communication within these structures, including email, daily handover, appointments diary and recorded allocation of duties. One family member commented that staff always had the current information.

Audits had been conducted, for example, medication audits. Unannounced visits on behalf of the provider were conducted every six months, and a report of these visits was available. A detailed annual review of the quality and safety of care and support had been developed. Information in this document included a summary of audits, inspections and any complaints. Detail from residents' satisfaction survey was included, as was data from accident and incident reporting. The accreditation following an external audit of the Commission for Rehabilitation was also included. Required actions were identified in this document, and those reviewed by the inspector had been implemented.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had an in-depth knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

**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:**

The person in charge was aware of the requirement to notify the Authority of absences, and appropriate arrangements were available in the event of such an absence.

**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:**

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. There were vehicles available at the centre, suitable to the mobility needs of residents.

Any equipment required by residents was available and the centre was appropriately maintained.

**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:**

The inspector found that there were appropriate staffing numbers and skill mix available to meet residents' needs within the layout of the designated centre. Staff were in receipt of up to date training in mandatory areas, and in areas of specific needs of particular to the residents including acquired brain injury and goal setting.

All staff engaged by the inspector were familiar with the needs of residents, for example, their communication needs and their healthcare needs, and all practices observed were in accordance with best practice and in accordance with the personal plans of residents.

A system of three monthly performance management was in place, and supervision took place every eight weeks. All staff involved in the centre were familiar to residents, and there was a panel of relief staff who could be called in if required, who were all known to the residents.

A sample of staff files examined by the inspector included all the information required by the Regulations.

**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) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

**Judgment:**

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:***

Julie Pryce  
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 Peter Bradley Foundation Limited
<b>Centre ID:</b>	OSV-0001520
<b>Date of Inspection:</b>	02 February 2016
<b>Date of response:</b>	04 April 2016

**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.

<b>Outcome 04: Admissions and Contract for the Provision of Services</b>
<b>Theme:</b> Effective Services
<b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b> Written agreements of care including charges had not been signed by residents or their representatives.

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

**1. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- Inclusion of current resident charges in Service Agreements
- Service Agreements to be resigned by residents or where appropriate their representative.

**Proposed Timescale:** 14/04/2016

**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 risk register was insufficient to provide oversight of all risks.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- Review of current corporate risk register to include local risks (e.g. clinical, etc.)
- Introduction of sign posting document to associated risk assessments (individual clients risk assessments)

**Proposed Timescale:** 01/06/2016

**Theme:** Effective Services

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

The alarm system was not adequate to determine the location of a possible fire.

**3. 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:**

- Obtaining of 3 quotes for appropriate Fire Panel system
- Funding application to HSE
- Installation of Fire system

**Proposed Timescale:** 01/06/2016

**Theme:** Effective Services

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

Fire drills were not adequate to ensure successful evacuation of residents.

**4. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A new process has been put in place to include 2 person fire drills to simulate night time evacuations. This was commenced on February 29th and is ongoing. To date 2 fire drills have now been completed.

**Proposed Timescale:** 31/03/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all behaviour support was recorded, and not all efforts had been made to ensure that strategies were the least restrictive possible.

**5. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- Review of client's Behavioural support plan
- Alert Mat system put in place
- Where restrictive practice occurs this is the least restrictive and for the shortest duration
- Restrictive practice recorded and reported to HIQA.

**Proposed Timescale:** 31/03/2016