

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mullingar Respite
Centre ID:	OSV-0002760
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 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:
12 July 2016 11:00	12 July 2016 19:00
13 July 2016 10:30	13 July 2016 18:30

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 an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector spent time with four residents. The inspector observed that residents appeared to be content and comfortable in the house in which they availed of respite services. The inspector also met with staff members, observed practices and reviewed documentation such as personal plans, risk assessments, accident logs, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a spacious detached bungalow and the service offered was respite breaks for adults and children with disabilities whose primary residence was in their family homes.

Overall findings:

Overall, the inspector found that residents had positive experiences during their brief respite breaks in the service. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. The person in charge demonstrated adequate knowledgeable and competence during the inspection.

Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- admissions and transfers were well managed (Outcome 4)
- the provision of appropriate healthcare (Outcome 7)

The inspectors found that improvements were required in:

- the provider had not prepared an annual review of the safety and quality of care and support (Outcome 14)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included 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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were structures in place relating to the management of complaints, and for consultation with residents and their families.

There was a clear policy in place to guide the management of complaints, and this was clearly displayed in the centre. An accessible version of the policy was available, and families had all been sent a copy of the procedure. An analysis form was available to track any complaints by type for monitoring purposes.

Residents meetings were held on a weekly basis and various issues were discussed at these meetings, including planning of activities, menu choices and any complaints. Residents and their families had been involved in the development of personal plans for residents.

Information on rights was available to residents and their families, and an advocate was available to residents, and had been involved with an issue for a resident recently. However the inspector found that there was excess signage in the centre, which was not in accordance with the needs of residents. There were written signs on wardrobe doors in the rooms of residents who could not read, and in one bedroom a detailed information sheet on the use of equipment was displayed. This excess signage was removed by the person in charge prior to the second day of the inspection.

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):

No actions were required from the previous inspection.

Findings:

There were effective systems in place to assist residents to communicate. These included aids such as social stories, pictorial representations of schedules and the use of picture communication cards.

There was a section in the personal plan of each resident identifying their communications needs. Staff were knowledgeable about the communication needs of residents, and were seen to engage in the recommended strategies to assist communication.

Various pieces of information were available in accessible versions including the staff roster, schedules, the complaints procedure and reports of how a residents respite break had been for them.

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):

No actions were required from the previous inspection.

Findings:

Residents visited the centre for short term respite breaks, and their community links and normal schedules were continued whilst they were there.

Family links and contacts were maintained, and communications with families were documented. An 'Individual Respite Summary' document was completed and sent to families at the end of respite breaks with details about the visit.

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):

No actions were required from the previous inspection.

Findings:

Contracts were in place for each resident which outlined the services offered, and information about and possible charges. These contracts had been signed by the residents and their families and by the person in charge.

An effective admissions process was in place whereby a schedule of respite breaks offered was completed three or four weeks ahead of time. A prioritisation document was completed for each resident, and the mix of residents was carefully managed. A 'Participation and engagement' document had been developed and was used to exchange information between the service and families of residents.

Thorough assessments were completed for any new referrals, and part of this process was a home visit by the person in charge, followed by gradually lengthening visits to the centre by the residents and their families.

A detailed transition plan was in process for a resident who had their 18th birthday and could no longer avail of respite with children. A detailed policy was in place to guide this process.

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): The action(s) required from the previous inspection were satisfactorily implemented. <p>Findings: Personal plans were in place for each resident, and there was evidence of meaningful activities being facilitated.</p> <p>A 'service user assessment' had been completed for each residents, and the personal plan included various aspects of care including safety, personal care, eating and drinking and communications. Personal plans were reviewed regularly and updated prior to each visit. Implementation of aspects of personal plans was documented. Accessible versions of personal plans had been developed to assist residents' understanding.</p> <p>Various activities took place on a regular basis, and a record was kept of these. These included the facilitation of the regular activities of residents as well as additional activities offered by the service. These included bowling, meals out, shopping trips and take away meals. The normal daily routine for residents, such as school or day services, were maintained.</p>
Judgment: Compliant

Outcome 06: Safe and suitable premises <i>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.</i>
Theme: Effective Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection. <p>Findings: The designated centre is a detached bungalow in a semi-rural setting, with a spacious back garden and ample parking space to the front.</p> <p>There were adequate communal living areas for residents, including a living room, kitchen and dining room, and an additional space for activities in an out-building in the back garden. There were four bedrooms, three of which had wash hand basins, and one of which had a 'safe space' bed. This was essentially a large mattress enclosed in canvas</p>

walls on three sides – the zip door had been rendered permanently open. Documentation reviewed by the inspector including the recommendations of the behaviour specialist and the choices of residents indicated that this was an appropriate sleeping arrangement for those residents who used it.

There were adequate bathrooms for the residents, and assistive equipment was available for those with mobility issues. There was also sufficient storage space of residents' belongings.

The large back garden was enclosed, and there was a trampoline and goal posts for residents' use.

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):

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

Findings:

There were systems in place in relation to fire safety and the assessment and management of risk, but some improvements were required in the detail of risk assessments and in staff knowledge of procedures to follow in the event of an emergency.

There was a personal evacuation plan in place for each resident, and the fire folder contained the plans for those residents who were currently in the centre. All staff had received fire safety training, and additional training in the use of fire ski sheets had been provided by the physiotherapist.

Fire drills were conducted approximately every two week due to the rapid change over of residents, and the fire register was reviewed every six months. The records maintained of fire drills included information about the evacuation and the supports need by residents, and were returned to the fire officer for review. All fire equipment including emergency lighting was regularly serviced and tested, and records of checks, servicing and annual certification were maintained.

However, not all staff engaged by the inspector could describe appropriate steps to be taken in the event of a fire.

A risk register was in place and there were risk assessments in place for various areas including environmental risks and individual risks. For example there was a detailed risk assessment in relation to the trampoline which included various control measures, and a thorough risk assessment in relation to various healthcare risks for one of the residents.

However, not all risks had been appropriately assessed and mitigated. For example the risk assessment in relation to the locking of the front door did not identify the actual risk, and the risk assessment for the use of bedrails did not include a rationale for the use, or any evidence of alternatives having been considered. There was no further information in relation to these issues in the residents' records.

Accidents and incidents were recorded, and a 'learning outcome' form was completed following any incidents, which outlined any learning and any required actions. Those actions reviewed by the inspector had been completed.

For the most part the centre was visibly clean, cleaning checklists were in place and appropriate infection control practices were observed. However, the flooring in one of the bedrooms was damaged to the extent that the cleanliness of the floor could not be ensured.

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:

Systems were in place in relation to the safeguarding of residents and in support for any required behaviour supports.

Staff had received training in the protection of vulnerable adults, and in 'Children First', and could demonstrate knowledge of what constitutes abuse and of their role in safeguarding adults and children.

While very few residents had behaviour support needs, where they did require support, the behaviour specialist had developed detailed strategies of care.

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):
No actions were required from the previous inspection.

Findings:
The person in charge was aware of the required notifications to HIQA, and all appropriate notifications had been submitted.

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):
No actions were required from the previous inspection.

Findings:
When children were resident in the centre they attended their normal schools on a daily basis. There was evidence that staff supported homework in the evenings. A communications system was in place between the centre and the schools to facilitate this.

In a similar way when adults were resident in the centre they were supported to continue with their normal daily routines and placements, and there was evidence that staff supported residents to continue towards any goals they were moving towards.

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:

Residents healthcare needs continued to be met whilst they availed of respite breaks, and there was nutritional needs being met and of choice of meals and snacks being facilitated.

Healthcare plans were in place for all of the assessed needs reviewed by the inspector. For example a detailed plan was in place in relation to epilepsy for one resident which included guidance on the actions required in the event of a seizure, and information on possible precipitating factors and how they should be managed.

Information about the healthcare needs of residents was gathered from their families and their day placements, and there was a hospital passport in place for each resident in case of an emergency admission.

Residents who required a modified diet had detailed care plans in place, and staff were knowledgeable about their needs.

Choices of meals and snacks were facilitated, including a discussion at the residents meeting which was held on the first day of respite breaks, and was facilitated by the use of pictures for those who required supports.

Alternatives to planned meals were available and snacks of fresh fruit and treats were readily available. Mealtimes were observed to be social occasions.

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):

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

Findings:

There were systems in place in relation to medication management, although improvements were required in relation to stock control.

For the majority of residents their medication was managed from their homes, and continued in the respite centre, and no stocks were maintained in the centre. For these residents, their prescriptions and kardexes were checked prior to admission to ensure that the information was current. Information relating to medication management was exchanged between the families and the centre by the 'Participation and Engagement' documentation.

There was detailed information in place in relation to the circumstances under which 'as required' (p.r.n.) medications should be administered, and a record was kept of the reason for administration and the response of the resident on each occasion.

The transfer of medications between home and the centre was safely managed, with the support of day programmes where needed, and recorded on admission and on discharge.

Where residents required crushed medication there was detailed information to support the practice, including a letter of instruction from the general practitioner and a detailed guideline for implementation.

A monthly audit was undertaken by the service, and the pharmacist conducted an additional audit every six months. Required actions were identified in this audit and those reviewed by the inspector had been implemented.

Where residents' medication was managed primarily by the centre, improvements were required in the stock control. The weekly stock check record examined by the inspector included an incorrect count of stock for three consecutive weeks which was only rectified on the fourth week. It was not clear therefore whether the weekly stock checks actually included a count of stock, or whether the figures had just been transferred from the previous form.

Judgment:

Substantially 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):

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

Findings:

The provider had prepared a statement of purpose in accordance with the regulations which accurately described the service offered. This statement of purpose had been made available to residents and their families.

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):

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

Findings:

There was a clear management structure in place, of which all staff were aware, however the provider had not prepared an annual review of the safety and quality of care and support.

There was a system of meetings in place including house meetings, person in charge meetings and management meetings. Minutes of those meetings reviewed by the inspector include the identification of required actions and a review of these actions at the following meeting. Those actions reviewed by the inspector had been completed.

An annual system of performance development was in place for staff together with a monthly structured supervision.

A suite of audits were conducted on a regular basis, and monitored by the person in charge. This included health and safety audits, financial audits and a checklist of personal plans as well as the medications audits mentioned in outcome 12.

The provider had conducted six monthly unannounced visits to the centre, these visits resulted in an action plan, and those actions reviewed by the inspector had been completed. However the provider had not prepared an annual review of the safety and quality of care and support to be made available to the chief inspector.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place in the event of the absence of the person in charge, who was aware of the need to notify HIQA of lengthy absences.

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):

No actions were required from the previous inspection.

Findings:

There were adequate resources available to meet the assessed needs of residents. Staffing levels were appropriate, required equipment was available and there was a

wheelchair accessible vehicle available for the sole use of the centre.

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):

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

Findings:

There was an appropriate level of staff and skills mix to meet the assessed needs of residents and a suite of staff training in place.

Staff had received all mandatory training in relation to both children and adults, and additional training in relation to the assessed needs of residents, for example in augmentative communication systems and in the management of particular healthcare conditions.

Appropriate staff rosters were maintained, and staffing levels were adjusted in accordance with the needs of the particular residents each week. Staffing levels were increased as required, for example during school holidays.

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): No actions were required from the previous inspection.
Findings: 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. Records to be kept in the designated centre in respect of each resident were in place, with the exception of the identification of the referring agency in the directory of residents, including for new referrals.
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:

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 report¹

Centre name:	Mullingar Respite
Centre ID:	OSV-0002760
Date of Inspection:	12 July 2016
Date of response:	15 September 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.

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:

Not all risks had been appropriately assessed and mitigated.

1. 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

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

for responding to emergencies.

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

- All risks in the designated centre were reviewed by the PIC, Area Director, staff team and Occupational Therapist & Physiotherapist as required to ensure all risks and corresponding hazards were identified.
- The Occupational Therapist assessed the use of bed rails and explored alternatives and issued a report that identifies the rationale for use of bed rails.
- The damaged flooring was removed and replaced with new flooring
- All staff in the designated centre completed refresher fire training facilitated by the Fire Officer specific to the designated centre.
- The training included actions to be undertaken in the event of an emergency and a person's clothes going on fire.
- All risks are reviewed six monthly or sooner if required.
- Risks are assessed, managed and reviewed as per the organisation's Policy and Guidance on management of risk and the individual service user.

Proposed Timescale: 12/09/2016

Theme: Effective Services

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

Flooring in one of the rooms was inadequate to ensure infection control.

2. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The damaged flooring was removed and replaced with new flooring.

Proposed Timescale: 29/08/2016

Theme: Effective Services

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

Not all staff were aware of the procedures to be followed in the event of a fire.

3. 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:

- All staff in the designated centre completed refresher fire training facilitated by the Fire Officer specific to the designated centre.
- The training included actions to be undertaken in the event of an emergency and a person's clothing going on fire.

Proposed Timescale: 09/08/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Appropriate stock control checks were not in place.

4. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- Local guidelines were developed for a weekly stock take of prescribed medication which is stored on site for two individuals. (This specific medication is stored on site at all times including during intervals between their respite breaks).
- This guideline states that the stock take is completed on a named day, by two staff members and signed by both staff.
- The guideline was introduced to all staff and is available on site.
- Spot checks will be undertaken by the PIC to ensure compliance to the local guidelines.

Proposed Timescale: 28/07/2016

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:

The provider had not prepared an annual review of the quality and safety of care as required by the regulations.

5. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The following information required for the completion of the annual review of quality and safety report was available prior to the monitoring inspection visit:

- Six monthly unannounced visits and subsequent actions plans.
- Residents and families views.
- The systems for the ongoing monitoring of accidents/incidents, notifiable events, restrictive practices, complaints & compliments and any reports requested by HIQA.
- The above information streams were collated and incorporated into the Annual Review of Quality and Safety report which was completed on 24th August 2016.

Proposed Timescale: 24/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all the information required under schedule 3 was included in the directory of residents.

6. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

- The directory of residents for each new referral will state the referral agency.
- The directory of residents will be reviewed and the referral agency will be identified and entered.

Proposed Timescale: 12/10/2016