

**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 Gheel Autism Services
<b>Centre ID:</b>	OSV-0003502
<b>Centre county:</b>	Dublin 3
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Gheel Autism Services
<b>Provider Nominee:</b>	Peter Byrne
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	1
<b>Number of vacancies on the date of inspection:</b>	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:
17 February 2016 10:00	17 February 2016 19:30
18 February 2016 10:30	18 February 2016 13:30

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 the first inspection of this centre. The inspection was announced and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, staff were met, relevant documentation was reviewed such as care plans, medication documents, accident logs and fire safety procedures.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purpose of application to

register were found to be satisfactory.

The designated centre is operated by Gheel Autism Services and is located in North Dublin. The property itself is leased from a third party leaseholder. The centre is a four bedroom community home and one resident resides there. Over the course of the inspection the inspector met with the resident and their family members. Overall both the resident and family members were happy with the services provided and stated that they would know who to raise concerns with if they had any.

The person in charge was present throughout the inspection. An interview was held during the inspection and the inspector found that the person in charge was knowledgeable of the Regulations. The provider nominee, along with a service manager who is also a person participating in management for this centre attended both the opening meeting and the feedback session.

For the purpose of this report and to respect the residents right to confidentiality the information in this report is provided in a generic way. Feedback was provided throughout the inspection to the person in charge and at the feedback meeting.

Overall the inspector found evidence of good practices and that the services provided were in line with the residents' needs. However improvements were required in fire safety and risk management, contracts of care, workforce and social care needs. The action plan at the end of this report outlines the improvements required.

**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:**

Overall the inspector found that the resident was consulted about how the centre was run and participated in decisions made about their care.

There were policies and procedures for the management of complaints in the centre and a nominated person to deal with all complaints. The resident was a strong self advocate and when spoken with was very aware of their rights. Records of complaints were available and were appropriately responded to.

The resident had opportunities to participate in activities that were meaningful to them and was observed by the inspector to choose what they would do during the day in the centre.

Staff were observed to treat the resident with dignity and respect and were very knowledgeable about the residents' support needs. There were intimate care plans in place.

There was a finance policy in place that was specific to how the resident was supported in this area. This had been signed by the resident. The resident was responsible for their own finances and sought support from staff if necessary. They were aware of the charges they had to pay on weekly basis. They were supported by the person in charge on a monthly basis to carry out an audit of their finances to ensure that their finances were safe guarded. In addition an inventory of all the residents' personal equipment was stored in the centre.

There was no CCTV systems in use in the centre.
<b>Judgment:</b> Compliant

<b>Outcome 02: Communication</b> <i>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.</i>
<b>Theme:</b> Individualised Supports and Care
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> Overall the inspector found that there were effective communication systems in place.  There was a notice board in the kitchen with information on local events. There was access to the internet, television and radio provided. The resident chose to participate in the local community in line with their own wishes.
<b>Judgment:</b> Compliant

<b>Outcome 03: Family and personal relationships and links with the community</b> <i>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.</i>
<b>Theme:</b> Individualised Supports and Care
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> Overall the resident was supported to maintain links with family and wider community in line with their personal preferences.  There were no restrictions on visitors to the centre unless requested by the resident. Family members spoken to felt very involved in the residents life and informed the inspector that they were always informed of any changes. There was adequate space in the centre to meet family in private and when family members visited staff members left

the centre to afford privacy to the resident and their family.

The resident was involved in the community in line with their wishes. They liked to attend computer shops, go on drives and one of their future goals documented was to attend a computer course.

**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:**

Overall the inspector found that there were procedures in place for the admission and discharge of residents to the centre. However improvements were required in the contract of care.

There was an admission policy in place that was reflected in the statement of purpose. There were currently no vacancies in this centre. Family members spoke about the resident's transition to the centre and informed the inspector that they were very happy with this process and the support received from the service provider.

There was a signed contract of care contained within the resident's personal plan. The resident and a representative had signed this, however the fees for services were not correct. The resident informed the inspector of the charges they paid, however this was not in line with what the contract of care stated. This was amended by the provider by the end of the inspection.

**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:**

Overall the inspector found that the well being and welfare of the resident was being maintained and was in line with the residents wishes.

The resident had a detailed assessment of need. An annual review had taken place that was attended by family members. There was written evidence that the resident had chosen not to attend this review. However the goals identified were discussed with the resident. There was a system in place to review goals however they were not detailed enough to review the effectiveness of the goals and whether it was improving outcomes for the resident.

The resident had opportunities to participate in meaningful activities that were relevant to their interests and preferences.

**Judgment:**

Substantially 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:**

Overall the inspector found that the design and layout of the centre were suitable for its stated purpose.

The premises were clean, well maintained and decorated in line with the residents' wishes. There was adequate storage space, communal areas, bathroom facilities and cooking facilities in the centre. There was a small garden to the rear of the property. There was an effective system in place for the management of general waste.

Recent maintenance work had been completed in the centre in relation to electricity and fire safety.

**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:**

Overall, the inspector found that there were systems in place to protect the health and safety of the resident, staff and visitors to the centre. However significant improvements were required in these systems in relation to fire safety and risk management in order to comply with the regulations.

The centre had a health and safety statement in place that outlined the responsibilities of various staff within the organisation and referenced a wide range of policies and procedures to guide staff in their work practices. Staff carried out monthly health and safety checks as part of their responsibilities in this statement.

Suitable fire fighting equipment was provided in the centre and there was evidence that they had been serviced appropriately. However the fire alarm system did not comply with the regulations and emergency lighting and fire doors were not in place in the centre. In addition containment measures in the building were not satisfactory in three rooms in the centre. A visitor's book was maintained in the centre to show who was in the building in the event of an emergency.

The centre had six fire drills in the centre in the last year, however it was recorded on five of the drills that the resident would not leave the centre. There was no documentation to support if all avenues had been explored to try and support the resident to leave the centre. The inspector discussed this with the person in charge and

staff on duty, who informed the inspector that they felt the resident would leave the premises in the event of a real fire. The inspector met with the resident however it was not evident that the resident would leave the centre. In addition the resident remained in the centre for short periods during the day without staff supports and while there was a risk management plan around this it did not include what control measures were in place to support the resident in the event of a fire. This was discussed with the person in charge and appropriate actions had been taken by the end of the inspection.

There were procedures in place for the prevention and control of infection. A colour coded cleaning system was in place for mops. There were adequate hand-washing facilities and sanitising hand gels were available in key areas throughout the centre. Pictorial signage was also on display to promote good hand hygiene practices. Cleaning schedules were completed in the centre.

The centre had an organisational risk management policy in place however it did not adequately detail the measures and actions in place to control violence and aggression and it did not describe the arrangements in place for the investigation of, and learning from, serious incidents or adverse events involving residents. However a draft version of the policy was shown to the inspector that detailed the arrangements in place. This was due to be signed off by the relevant personnel in the coming weeks.

The centre maintained three risk registers including a corporate, centre specific and service and care register. Individual risk management plans were in place. The inspector found that one risk had not been documented in relation to transport, however the inspector was satisfied from talking to staff and the person in charge that there were effective systems in place to mitigate any risks.

All incidents were recorded on a computer generated form and collated on a monthly basis and reviewed by the person in charge. The person in charge discussed incidents with the location managers; however it was not clear if feedback on the incidents was given to all staff.

There was no service vehicle in the centre and staff used their own cars to transport the resident. Staff were required to submit relevant transport details to the provider on a yearly basis.

**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.*

<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Overall the inspector found that there were measures in place to protect the resident from being harmed or suffering abuse.</p> <p>There was a policy in place for the prevention, detection and response to abuse. This policy had been recently updated to reflect the HSE safeguarding policy. All staff had been made aware of these changes and there was training scheduled for February. Staff spoken to were aware of what constituted abuse; the reporting procedures in place and were familiar with who the designated liaison officer was in the centre.</p> <p>Staff were observed to treat the resident with dignity and respect. There were intimate care guidelines in place, however one aspect of this was not detailed enough. This was amended by the person in charge at the inspection.</p> <p>There was a policy in place on the provision of behavioural support. All staff were trained in this and the behaviour support plan in place was detailed so as to guide staff practice. There were no restrictive practices used in the centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> A record of all incidents occurring in the designated centre was maintained, and where required notified to the Chief Inspector.</p>
<p><b>Judgment:</b> Compliant</p>

**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:**

Overall the inspector found that the resident engaged in social activities in line with their personal preferences and wishes.

The inspector saw evidence of where the resident had opportunities for new experiences. For example going to the cinema and starting a course. However the resident was able to advocate for their own preferences and this was respected by all staff.

**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:**

Overall the inspector found that the residents' healthcare needs were met in line with their personal plan.

The personal plan contained a comprehensive assessment of need and support plans were in place to guide staff on meeting these needs. There was timely access to allied health professionals and it was documented on the residents plan if they refused certain medical procedures. The inspector saw evidence that a current health need was being followed up and that appropriate referrals had been made to allied health professionals for additional advice in this area.

**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:**

Overall the inspector found that there were policies and procedures for the safe administration of medication in the centre.

Medications were supplied by a retail pharmacy business in individual 'pouches' where appropriate and all medications were stored in a locked press. There were procedures in place relating to the ordering, prescribing, storing and administration of medication. The medications were checked by a nurse when they were delivered to the centre. A stock take of PRN (as required medication) was completed and when the inspector checked stock with staff the balance was correct. Unused or discontinued medication was stored separately.

PRN medications prescribed had indications for use on the prescription sheet and there were clear PRN protocols to guide staff practice.

The prescription sheet and medication administration sheets were viewed by the inspector and found to be in line with the policies and procedures of the service and best practice. A monthly medication audit was completed by the person in charge. Any issues raised from these had been addressed.

All staff were trained in the safe administration of medication. The resident self medicated some of their prescribed medications and there was an assessment in place around this.

There had been two medication errors in the centre in the last year and they had been followed up appropriately.

**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:**

Overall the inspector found that a written statement of purpose was available that broadly reflected the services provided in the centre. On review it was found that the document contained all of the information required in Schedule 1 of the Regulations. A copy was made available for the resident.

**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:**

Overall the inspector found that there were effective management systems in place to ensure that the services provided were appropriate to the residents' needs.

There were clearly defined management structures in place. The person in charge was responsible for a number of other areas in the service, however there was a location coordinator in the centre to support the person in charge in their role. The person in charge met with the service manager at regional managers meetings every month and stated that they could ring for additional support at any time. The person in charge received supervision through an employment probationary process that they had just completed with their manager in January 2016.

The person in charge was interviewed on the second day of the inspection. They were found to be very knowledgeable of the residents needs in the centre and were aware of their responsibilities under the regulations.

An annual review had taken place in the centre. Six monthly unannounced quality and safety reviews had been completed. One by an external agency and the other by the quality officer in the service.

**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 inspector was satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

**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:**

Overall the inspector found that the centre was resourced to ensure the effective delivery of care and support to the resident and this was in line with the statement of purpose for 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):**

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

**Findings:**

Overall the inspector found that there was appropriate staff numbers and skill mix to meet the residents' needs in the centre.

Staff spoken to had a very good knowledge of the residents needs and were observed by the inspector to respond in a timely, respectful and dignified manner to the resident.

There was a planned roster in place however it included the hours worked by staff in other centres. This was discussed with the person in charge who amended this.

Staff spoken to felt very supported in their role. Regular staff meetings were held however these meetings were held to discuss other centres belonging to the service and were not individual to this specific centre. The inspector was not assured that this respected resident's right to confidentiality. This was discussed with the person in charge.

Staff had supervision meetings with the person in charge. The inspector saw a sample of these meeting and found that actions identified had been followed up on. There was access to nursing staff as required and staff had access to a 24hr on call service should they require additional supports.

The inspector did not review personnel files at this inspection, however they had been inspected at an earlier date by the Authority and were found to be in line with the regulations.

All staff had completed training in behaviour support, manual handling, medication management and safeguarding.

**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:**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were available for review.

An insurance certificate was submitted as part of the application to register. It showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. There was a directory of residents and a residents guide available in the centre.

The centre had most of the written operational policies as outlined in Schedule 5 available for review, however the policy on risk management was in draft format.

Inspectors found documents were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**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:***

Anna Doyle  
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 Gheel Autism Services
<b>Centre ID:</b>	OSV-0003502
<b>Date of Inspection:</b>	17 February 2016
<b>Date of response:</b>	15 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.

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

**Theme:** Effective Services

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

The contract of care did not accurately reflect the fees charged to the resident.

#### 1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Family Forum meeting on 21 April. Contract will be reissued based on communication with family, service provider and service user.

**Proposed Timescale:** 29/04/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The review of social care goals were not detailed enough in assessing the effectiveness of the goals.

**2. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The documentation relating to the development, recording and reviewing of goals has been revised as part of task analysis process. This has now been added to the recording of the daily report in the report book. There is also a separate evaluation task analysis sheet to track progress of goal. This has been added to a standing agenda item on team meeting and part of the informal meeting structure with the service user and keyworker.

**Proposed Timescale:** 18/04/2016

**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 management policy was in draft format in the centre.

**3. 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:**

The risk management policy has been revised and is being processed mapped in line with further recommendations from the policy review team. This will be an active document for staff acknowledgement by April 29th 2016.

**Proposed Timescale:** 29/04/2016

**Theme:** Effective Services

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

The fire alarm in the centre did not comply with current regulations.

**4. Action Required:**

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

Engineer scheduled to begin work on 18/04/2016 with a projected completion date of 27/05/2016 to install a fire alarm system compliant with relevant regulations.

**Proposed Timescale:** 27/05/2016

**Theme:** Effective Services

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

There was no emergency lighting in the centre.

**5. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Engineer scheduled to begin work on 18/04/2016 with a projected completion date of 27/05/2016 to install an emergency lighting system.

**Proposed Timescale:** 27/05/2016

**Theme:** Effective Services

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

There were no fire doors in the centre.

**6. 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:**

Fire doors will be installed before the end of 30 June 2016.

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

There was no learning from fire drills in the centre and the risk management plan in place did not outline the control measures in place for evacuation of the building when the resident was in the centre alone.

**7. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

There has been changes to the risk management plan to ensure that there are sufficient controls in place for the arrangement of fire evacuation. The method for conducting the fire drill has been revised and updated the protocol for learning from fire drills.

**Proposed Timescale:** 20/05/2016