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Fairview Services, Galway

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Fairview Services
Centre ID:	OSV-0004058
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 January 2017 09:30 To: 27 January 2017 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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this designated centre. This inspection was carried out to monitor compliance with the regulations and to review the management of recent safeguarding concerns submitted to the Health Information and Quality Authority (HIQA). In addition, the inspector reviewed the actions taken to address the non-compliances identified on the last inspection.

How we gathered our evidence:

The inspector met five of the six residents living in this centre on the day of the inspection. The residents told the inspector that they were very happy living in the centre, and they had active daily routines and they participated in social activities which they liked.

The inspector also met the person in charge, staff members on duty and a senior manager on the day of the inspection. All staff were familiar with the individual needs of the residents and were aware of their responsibilities under the regulations. The inspector reviewed documentation such as personal plans, fire records, risk

management documentation, policies and procedures and residents' health and medication records.

Description of the service:

The premise consisted of a two storey house located in a suburb of Galway city. The centre provided support to a maximum of six residents at any one time. Each resident had their own bedroom. However, one bedroom was used as a shared bedroom between a person with a five day service and with other respite users. This was currently under review by the provider. The house was spacious and clean and the residents' bedrooms were personalised. Facilities inside the house met the needs of the residents living in the centre.

Overall judgment on the findings on inspection:

The inspector found this centre demonstrated good compliance with the regulations. Eleven outcomes were inspected and nine outcomes were compliant or substantially compliant and two outcomes were non-compliant moderate.

The findings of this inspection are discussed in more detail in each of the outcomes in the report. The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities

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):

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

Findings:

Residents were consulted about how the centre was managed and were able to make decisions about their care and daily routines. There were two actions issued following the last inspection. These actions were both complete.

The inspector reviewed the care and support provided to residents in the centre and found that residents' rights and dignity were protected. Residents were consulted daily on how the centre was operated. There were weekly residents' meetings held to discuss their choices, staff members kept a record of all meetings and actions taken to implement residents wishes and desires.

There were policies and procedures in place for the management of complaints in the centre. Staff were familiar with these policies and what to do if a person made a complaint in the centre. Resident were also aware of who they could make a complaint to, and told inspectors that they were happy and felt safe living in the centre. They also said that the staff were very nice to them.

Residents were supported by staff to manage their finances. Residents financial records were reviewed every week by the person in charge.

In general residents' privacy and dignity was respected and each resident had their own bedroom. However, one bedroom was shared between residents for residential and respite use. This practice was impacting on the privacy and dignity of the resident that used the room five days a week as their personal items and possessions were viewed, or could possibly be used by others, when they were not present.

Some residents had access to volunteers from the local community to support them in local activities. The inspector saw evidence that one resident meets their volunteer every Saturday to go cycling and to attend to the local football club.

Judgment:

Substantially 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):

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

Findings:

Residents living in this centre had different communication abilities. Three of the residents were able to communicate by speech and the other three residents communicated through the means of non verbal communication. Residents' were supported to communicate with picture aids, hand signing and by gesturing. Staff demonstrated to the inspector how they communicated with residents by non verbal means of communication. It was evident from observing the interactions between residents and staff that they were able to communicate very well with each other.

The organisation had a communication policy. The policy described how to meet the communication needs of residents. It outlined an approach to be used to communicate between people with different language perceptions and abilities.

The action from the last inspection was reviewed and found to be complete. This related to one resident requiring an assessment by the speech and language therapist. The inspector was told the resident was currently receiving the assessment in their day service. Staff had identified the need for professional development in relation to meeting the individual communication needs of some residents. As a result staff had attended training on sign language and communication aids.

Pictures were in use throughout the centre. For example, residents had individualised communication passports located in the living room of the centre. They contained pictures and information on how residents' communicated their needs to others, for example, how they said yes and no, how they were able to communicate anxiety, confusion, pain and happiness.

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.

Findings:

Each resident's wellbeing and welfare was maintained to a high standard and residents' had opportunities to participate in meaningful jobs and social activities.

The inspector found that residents' health, personal and social care needs were assessed. Residents set their individualised goals yearly and were supported by staff to ensure they were implemented and achieved. In addition, healthcare assessments were carried out to reflect the changing needs or circumstances for some residents on a yearly basis or more frequently if required. Residents' had personal plans which were person centred, and incorporated recommendations and reviews by multi-disciplinary professionals. These plans were kept under regular review.

Each resident's well-being and welfare was documented in their personalised folder on a daily basis, which included information on the residents' health and social activities. Person centred planning and 'circle of support' meetings were also held regularly to formulate goals for residents, based on identified needs. Each resident was provided with opportunities to participate in some meaningful activities, appropriate to their interests and capabilities.

All residents had a copy of their plan in an accessible format, generally located in their bedroom. Pictures and photographs were used to illustrate goals achieved or goals for the future.

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):

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

Findings:

There were policies and procedures in place for health and safety and risk management. The policies included arrangements to effectively assess and control risks within the centre.

In general, the health and safety of residents, visitors and staff were adequately provided for in the centre. However, improvement was required in managing the risks identified for some residents using the organisation's transport. For example, in 2006 an assessment by a physiotherapist had identified that a resident was not able to access the bus safely due to poor mobility, but they continued to use this transport to attend their daily activities. The inspector observed the resident disembarking the bus with difficulty on the day of inspection. Furthermore, in June 2016 this resident was assessed as requiring the use of a wheelchair while accessing the community. However, the resident had not received a wheelchair at the time of the inspection therefore they could not access the local community.

Infection-control measures were sufficient, given the purpose and function of the centre. A cleaning rota was in place, and the inspector observed a good standard of cleanliness throughout the premises. Paper hand towels were used in the centre. Alcohol hand gels were also located at the entrance and exit doors. Colour coded mops, and buckets were in use in and designated to clean specific areas to prevent cross infection.

The fire alarm system had been serviced recently, and fire drills were completed on a quarterly basis with the most recent 3 January 2017. Staff were familiar with fire evacuation procedures in the centre and told the inspector what they would do in the event of a fire, demonstrating knowledge of the fire evacuation procedures in the centre. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. While the provider had completed personal evacuation plans for each resident, one resident with a sensory impairment, did not have the appropriate aids to alert them to a fire if they were asleep in their bedroom upstairs. Furthermore, another resident's bedroom did not have an intumescent fire and smoke seal on the door to prevent smoke entering the bedroom, in the event of fire.

The centre maintained a risk register to record the environmental risks and hazards in the centre. Improvement had occurred since the last inspection in the identification, assessment and implementation of control measures to manage environmental risks. While there were 14 slips or falls in the centre in 2016, eight of these incidents related to epileptic seizures, and two related to a resident falling out of bed when unwell. The person in charge had identified that two residents were at risk of falls due to their medical condition. They had a specific falls risk assessment completed with associated

risk control measures in place. However, one resident that was acutely ill was at significant risk of further falls, as they were required to use the stairs to access their bedroom.

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:

The inspector found that residents were safeguarded against potential abuse within the designated centre. All incidents, allegations or suspicions of abuse were recorded within the designated centre and were appropriately investigated and responded to, in line with the organisational policy, national guidance and legislation.

The inspectors spoke with residents, and they reported that they felt safe and supported in their home. The inspector found that all incidents, allegations or suspicions of abuse were recorded and reported to the manager. The inspector reviewed safeguarding and safety concerns submitted to HIQA prior to the inspection. The inspector found that all of the residents living in the centre were safe and that most of the concerns were addressed and appropriately managed. However, the inspector found one safeguarding concern about residents' personal property had not been appropriately managed and there was no safeguarding plan or behaviour support plan in place, to ensure the person displaying the negative behaviours was appropriately supported.

Restrictive practices were not generally in use in this centre. However, the staff office was locked to safeguard residents' personal information.

Judgment:

Non Compliant - Moderate

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 were well met by the care provided in the centre. Each resident had a comprehensive health care plan in place, which was regularly reviewed.

Access to health care services such as a general practitioner, dentist and chiropody were clearly documented. Residents had been referred to specialist services such as a speech and language therapist and a dietitian, in a timely manner. Where required, recommendations from specialist assessments had been included and addressed within the residents' healthcare plans.

The development of residents' end of life care plans were being discussed for residents' with acute medical conditions. One resident admitted to hospital was being supported daily by familiar staff, to ensure consistency in the delivery of the service. This was important for the resident when they were very ill and in unfamiliar surroundings. The person in charge told the inspector that they were currently making arrangements for the residents' discharge from hospital and they would ensure that the nursing support required would be arranged for the resident either in the centre or in a nursing home.

The inspector reviewed a number of healthcare plans for residents. These were clearly documented and linked to the assessed needs of residents within the centre. There was evidence that these plans were regularly reviewed and updated by the allocated key worker for the residents. Progress and monitoring of these care plans was recorded regularly and discussed within multi-disciplinary reviews. For example, residents' weights were regularly reviewed within the centre, in keeping with their individual care plans.

Residents were encouraged and enabled to make healthily living choices. Residents were provided the opportunities to make choices about meals. Meal choices were provided in a pictorial format for some residents with a sensory impairment, to enable them to choose which meal they could have on a daily basis. The inspector spoke to residents and staff about this and residents told the inspector that if they did not like any of the daily choices, then staff were able to make an alternative available in the centre. All other meals were prepared in the centre by the staff and residents. There was an adequate amount of fresh, canned or dried foods available in the fridge, freezer and cupboards in the kitchen.

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:

Medication management practices in the centre were found to be safe. Actions from the previous inspection were complete.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Some residents' had epilepsy. The organisation had a guidance document for each individual to assist staff to manage each person's epilepsy management. The information was recorded on the residents' medication prescription sheet and epilepsy protocol.

There was an audit system in place for reviewing and monitoring safe medication management practices in the centre, these audits found that while there were some medication errors recorded in the centre, most were minor clerical errors that had not impacted on the residents.

All staff had received training in safe medication practices.

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):

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

Findings:

There was a written statement of purpose that accurately described the service provided in the centre. The services and facilities outlined in the statement of purpose, and the

manner in which care was provided, reflected the diverse needs of residents. This was an action from the last inspection that was adequately addressed.

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:

Management systems were in place to ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored. There were 13 actions issued on the last inspection and all actions were complete.

An annual review of the quality and safety of care in the designated centre was completed. Furthermore, a nominated person on behalf of the provider had visited the centre every six months and provided a written report of the quality and safety of service delivery. Arrangements were in place to ensure staff members exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

The person in charge was suitably qualified with relevant experience commensurate to her role. She demonstrated a comprehensive understanding of organisational policies, procedures and regulatory responsibilities. She worked full time, in a supervisory position, as the manager of the house in this designated centre. There was an on-call out of hours support system in place for staff should they require support from a manager.

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:

At the time of inspection, there were sufficient staff working in the centre with the right skills, qualifications and experience to meet the assessed needs of residents.

There was an actual and planned staff rota in the centre that reflected the staff working in the centre. However, this required review as one resident was scheduled for discharge from hospital and could require additional staff support on discharge. The person in charge assured the inspector that this would happen, if required.

There was an effective recruitment procedure in place in the centre and all of the schedule two documents were maintained. Staff members had attended support and supervision meetings regularly with the team leader, and there were regular staff team meetings held to discuss ongoing issues in the house.

All staff had attended the mandatory staff training required to meet the regulations, such as, safeguarding and safety, fire safety management, positive behaviour support, safe moving and handling and medication management.

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):

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

Findings:

The records listed in schedule 4 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was adequately insured against injury to residents. The centre had all of the written operational policies as required by schedule 5 of the regulations.

There was one action issued following the last inspection in relation to two policies, medication management and admission and discharge and these were addressed.

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004058
Date of Inspection:	27 January 2017
Date of response:	06 March 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

A resident's privacy and dignity in relation to their personal and living space was not maintained, as their bedroom was used as a respite room at the weekends.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

One service user's room is used for respite. This practice has been reviewed at an organisational level. The practice will cease on 30/04/17, this will enable alternative respite arrangements to be made for the respite service user affected.

Proposed Timescale: 30/04/2017

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:

1. The provider did not ensure that there were appropriate systems in place to manage all of the risks in the centre.
2. There was a high risk that two residents could fall while accessing and leaving the bus.
3. Some residents' were at risk of falling when using the stairs.

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:

1. Outstanding risks have been addressed and the escalation of these risks has been highlighted to management for future learning.
2. Alternative and appropriate transport arrangements have been made for the resident at risk of falls while accessing transport, following a meeting held on the 07/02/17. An Occupational Therapist will assess the service user identified as requiring a wheelchair on 20/03/2017 and an appropriate wheelchair will be purchased. To be completed by 31/03/2017.
3. The resident identified at risk of falling on the stairs has moved to a bedroom downstairs on 02/03/17, thus removing the risk.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

There were insufficient fire safety precautions in place to ensure the containment of fire in the centre. For example, one resident's bedroom door did not have the required

intumescent fire and smoke seal.

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:

Intumescent fire and smoke seal was fitted to the door 01/02/2017

Proposed Timescale: 01/02/2017

Theme: Effective Services

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

Residents' with a sensory or visual impairment did not have the appropriate aids to alert them to a fire if they were asleep in their bedroom upstairs.

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:

Independent Living Ireland have been contacted and in conjunction with the Speech and Language Department options for suitable aids are being explored and the appropriate aids will be purchased.

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that all safeguarding concerns were fully addressed.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Person in Charge has introduced a procedure for checking all service users belongings on a weekly basis. The Psychology Department initiated work on 28/02/2017 with the service user who is displaying the negative behaviours and a behaviour support plan is being put in place.

Proposed Timescale: 07/04/2017