

**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 Health Service Executive
<b>Centre ID:</b>	OSV-0002572
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Dermot Monaghan
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	Catherine Rose Connolly Gargan;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 19 August 2014 10:00 To: 19 August 2014 13:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management

**Summary of findings from this inspection**

The community house inspected is one of two houses that construct one designated centre. The other house had been inspected on a separate inspection. This was the first inspection for the community house and was conducted by two inspectors. The designated centre has the capacity for eight residents and seven were resident on the day of inspection.

The residents had high physical needs and clinical needs. The house was staffed by both nursing staff and health care assistants. Inspectors met with the deputy person in charge at the commencement of the inspection and provided feedback to the deputy person in charge and two members of the management team on conclusion of the inspection.

Inspectors were satisfied that the deputy person in charge had sufficient knowledge of the operations of the designated centre and facilitated the inspection well. Inspectors inspected seven outcomes on this inspection. Additional failings were identified in an eighth outcome during the course of the inspection. Evidence was gathered through speaking with staff and reviewing documentation. Six of the seven residents were at day service and the seventh resident chose not to engage with inspectors.

Non - compliances were identified in all eight outcomes. There were five major non -

compliances relating to premises, safeguarding and safety, health and safety and risk management, privacy and dignity and contracts for the provision of services. Non-compliance was also identified in relation to medication management and the health and social care needs of residents.

The action plan at the end of this report identifies the failings identified by inspectors and the actions the provider/person in charge is required to take to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Evidence gathered throughout the inspection demonstrated that the privacy and dignity of residents was compromised. As stated in Outcome 6, due to the layout of the bathrooms residents had to enter the private bedrooms of other residents to access a bath or a shower. Bedroom windows which were located at the front of the building did not promote privacy. In one instance the blind was broken therefore members of the public could see directly into the bedroom of a resident. In other instances, due to the nature of the blinds they were not in use during the day time, allowing members of the public accessing the campus for other purposes to see directly into the bedrooms of residents.

Personal evacuation plans were maintained with the directory of residents on the wall in the kitchen. Therefore personal information such as the name, address, date of birth and Personal Public Service Number (PPS Number) was easily accessible to anyone entering the designated centre.

**Judgment:**

Non Compliant - Major

**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:**

The designated centre did not have a contract that was signed between the residents and/or their representative and the provider for the charges they pay and the services they receive. Management informed inspectors that this was currently being developed. Inspectors informed management during the feedback meeting that it is imperative that the contract details exactly the services that the resident will receive inclusive of additional charges that the resident may be charged such as take away meals. There was evidence that residents had bought their own furniture for their bedroom. Inspectors informed management that arrangements for this should also be included in the contract of care for residents.

**Judgment:**

Non Compliant - Major

**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:**

From the sample of residents' personal files reviewed, residents had a personal plan in place which was reviewed annually or more frequently if necessary. Personal plans resulted from a risk assessment of residents needs. There was no plan of care developed for all of the needs identified in the risk assessment. This primarily related to the health care needs of residents and is reported in Outcome 11. Whilst there was evidence that referrals had been made to Allied Health Professionals when a need was identified, there was no evidence that the development or review of personal plans was done in conjunction with Allied Health Professionals. Personal plans referenced consultation with the resident and/or their representative. For example, it was documented that the family of a resident would like them to be transferred to an acute

setting in their End of Life plan.

Audits of personal plans were completed on a monthly basis. There were goals in place for residents, however inspectors determined that the goals referenced current activities that residents consistently partook in as opposed to being aspirational and addressing the long term needs and wishes of the resident. Examples of goals were a visit to the family home of a resident or attending a social outing. The personal plans did not reference if the individual was satisfied with their current living arrangement or who they resided with. Each of the residents had access to a formal day programme and the personal plan documented the likes and dislikes of residents within the day programme, for example attending the hydrotherapy pool.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The designated centre is an eight bedroom house in a campus setting operated by the Health Service Executive. It was purpose built in 1997. There were seven residents residing in the designated centre on the day of inspection. The house consisted of a kitchen/dining room, a sitting area and five toilets/bathrooms. There was also a staff office. Each resident had their own room and efforts had been made to personalise the rooms despite them being in a state of disrepair. Paint work was chipped and scuffed and radiators had visible rust on them. Out of the five toilets/bathrooms only two were operational for the purpose of bathing/showering and the third contained a hand basin and toilet. Two of the bathrooms were en suite and not operational. The two bathrooms which were operational were also en suite and intended to serve four bedrooms as there were two doors to access each. As they were the only operational bath/showers four residents had to access the bedrooms of four other residents to have a bath or shower. This is discussed in Outcome 1. There was also non compliance in the arrangements for the privacy and dignity of residents as there was clear visibility into bedrooms due to the size of the windows and the accessibility of the house within the wider campus. There was documented evidence that there had been intruders on the campus twice within a one month period.

The communal space was adequate for the number of residents and as each resident had their own bedroom there was adequate facilities to meet visitors in private. On the day of inspection, inspectors observed the centre to be adequately lit, heated and ventilated. Storage in the designated centre was external and contained cleaning supplies and laundry facilities. The laundry facilities were inadequate as stated in Outcome 7.

There was a garden attached to the designated centre which was unsecure. None of the residents were assessed as being absent without leave however due to the location of the house and the incidents of intruders, a risk was present. Each bedroom had a permanent hoist and residents also had portable hoists. Of the sample reviewed they were maintained and in working order.

**Judgment:**

Non Compliant - Major

**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:**

The corporate safety statement of the organisation was present in the designated centre. There was also a local safety statement which had been created in May 2013. The safety statement identified the specific roles and responsibilities of those involved in the operation of the designated centre and the arrangements in place for the reporting of incidents and accidents. There was a risk register in place which identified all of the environmental risks that inspectors had identified during the course of the inspection. Whilst they had been identified, the response from management was not satisfactory. For example, the laundry facilities had been identified as inappropriate and a control measure identified as altering the flooring. This had been referred to management. There was no evidence that this had been assessed, considered and approved or denied. Another example was that in 2013, the tarmac outside the external entrance was identified as being raised, which inspector also observed, and a risk to staff assisting residents in wheelchairs. This had not been addressed. There was a risk assessment in place for chemical agents and material safety data sheets available. Risks identified by inspectors which were not on the register included the laundry is external and tasks are completed at night. The risk to staff of exiting the building at night was not identified. There was also no identification of the risk associated with the impingement on the dignity and rights of residents based on the location of the bathrooms.



The procedures in place to manage the control of infection were also inadequate. There was hand hygiene appliances located throughout the designated centre. There was a colour coded system in place for cleaning with the aim of avoiding cross infection, however the actual practices were inadequate. Staff spoken to stated that all laundry was washed at 30 degrees. This temperature does not adequately decontaminate items such as mop heads used to clean bathrooms or soiled items of clothing. There was no training provided to staff in infection prevention and control and no policy in place to guide staff. There was also insufficient space in the laundry to separate soiled and clean laundry.

Inspectors reviewed the maintenance of fire equipment and confirmed that the fire panel and emergency lighting had been reviewed within appropriate time frames. The fire extinguishers required review as they had last been serviced in July 2013. There was a plan in place in the event of a fire and each resident had a personal evacuation plan and specialised equipment in place in the event of a fire. There was no evidence that staff had received training in the prevention and management of fire. Staff spoken to were not clear of the equipment available to support residents in the event of a fire. There was no record of fire drills occurring.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

There was a policy in place regarding the protection of vulnerable adults. The policy had been recently revised and implemented four days prior to the inspection. There was no evidence that staff had read and understood the policy. There was a policy in place regarding the intimate care of residents. There was no evidence that staff had received training in the protection of vulnerable adults. Staff spoken to were able to demonstrate the appropriate actions to be taken in the event of a suspicion or allegation of physical or sexual abuse pertinent to their grade. They were not able to demonstrate all forms of abuse such as financial abuse or neglect. There had been no allegations or suspicions of abuse reported or recorded in the designated centre.

There were no residents residing in the designated centre assessed as requiring a positive behaviour support plan. There were restrictive practices in place such as bed rails and lap straps on seating based on the physical needs of residents. A record of restraint was maintained however it was not effective as it stated that residents had bed rails in place and lap straps in place from 8.00 hours to 20.00 hours on the day of inspection. The inspector reviewed the record at 12.40 hours and there were no residents in bed. The record of restraint referenced the assessments in place.

**Judgment:**

Non Compliant - Major

**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:**

Evidence supported that residents had access to a general practitioner of their choice in a timely manner. The process for identifying residents needs was through a risk assessment process. There was an absence of evidence based tools in place for assessing the health care needs of residents. The assessed needs of the residents within the designated centre were complex inclusive of mobility and clinical needs. There was an absence of assessment for the risk of breakdown of skin and/or appropriate preventative plans of care to address same. Although residents had limited movement and were in specialised chairs or bed at all times. There were residents with a diagnosis of epilepsy residing in the centre. Seizure management plans were in place but did not inform of all of the appropriate actions to be taken in the event of a seizure. Residents had regular access to Allied Health Professionals if a need was identified.

Healthcare needs requiring interventions included Percutaneous endoscopic gastrostomy (PEG) feeding tubes. There was a policy in place regarding same. However not all of the relevant interventions were included in the plan of care. For example, the actions to be taken if the tube was to rupture or dislodge were planned for however there was not actions in the event of a blockage which was an actual risk present. Staff had not received training in the care PEG tubes. It had been identified in the training needs analysis.

**Judgment:**

Non Compliant - Moderate

## 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:**

There was a policy in place regarding the management of medication. The policy was an organisation policy which did not address all of the actual practices of the centre. For example, staff described the practice for the weekly auditing of stock and disposal of out of date or unused medication. The practice did not reflect the policy. Medications identified were not being segregated following the outcome of the weekly audits until they were returned to the pharmacy which occurred once a month. Medication was stored in a secure cabinet.

Prescription and administration sheets were contained in a printed book. The prescription contained all necessary information such as the name, address and a photo of the resident. The administration sheet identified the medication prescribed and there was a signature for all medications administered. There was no additional space for comments, therefore if a medication was not administered it was not clear the rationale for same. The maximum dosage for medications prescribed for as required was not consistently present. The administration of medication as prescribed was monitored by the manager however the outcomes of this review were not clear.

### **Judgment:**

Non Compliant - Moderate

## 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:***

Jillian Connolly  
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 Health Service Executive
<b>Centre ID:</b>	OSV-0002572
<b>Date of Inspection:</b>	19 August 2014
<b>Date of response:</b>	26 September 2014

### 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 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:**

The privacy and dignity of residents was not protected in respect of the premises and the storage of documentation relating to residents.

**Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

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:**

The Registered Provider accepts the findings of the Inspector and realises the importance of privacy and dignity of residents.

The Registered Provider has asked the Person in Charge to immediately review the storage of personal evacuation plans and documents containing personal information.

The Person in Charge will review the layout of the bedrooms to prevent a Resident entering another Residents bedroom to use the bathroom.

The Person in Charge proposes to move a resident from a room with no bathroom facilities to the recently vacant room with en-suite facilities. This resultant vacancy will not be filled until major renovation works are completed.

The Registered Provider will replace all existing blinds.

**Proposed Timescale:** 31/10/2014

**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:**

There was no contract in place between the resident and/or their representative and the provider.

**Action Required:**

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

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

The Registered Provider accepts the findings of the Inspector.

The draft contracts will be finalised by October 31st, ensuring that they meet Regulation 24 (3 and 4). They will be implemented with the residents and/or their representatives by December 31st 2014.

**Proposed Timescale:** 31/12/2014

**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:**

Personal plans were not multi disciplinary.

**Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Person in Charge accepts the findings of the Inspector and understands the value of maintaining personal plans that are multidisciplinary.

The Person in Charge acknowledges that interface with allied health professionals has been mainly reactive to date.

The Person in Charge is liaising with Heads of Discipline to ensure that personal plans are both developed and reviewed by the multi disciplinary team. Referrals have been submitted.

**Proposed Timescale:** 31/12/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Throughout the designated centre, paintwork was chipped and scuffed and radiators had visible rust on them.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The Registered Provider accepts the findings of the Inspector and will ensure internal decoration and repair is completed.

The open plan garden area will be secured by fencing.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

There was inadequate storage. The two bathrooms and showers were inaccessible to four residents based on the location.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Registered Provider accepts the findings of the Inspector.

Plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet the requirements of Schedule 6. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic timeframe for these major works to be completed. Interim works on existing bathroom facilities will be completed by 31st December 2014.

The Provider proposes to move one resident from a room with no bathroom facilities to the recently vacant room with en-suite facilities. This resultant vacancy will not be filled until major renovation works are completed.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

The laundry facilities were inadequate.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Registered Provider accepts the findings of the Inspector.

Plans have been produced for structural alteration to the building in order to comply with Regulation 17, and to meet the requirements of outcome 6. These plans will be costed and be compliant with HSE tendering processes.

The Provider will ensure minor works identified for the flooring in the laundry room will be carried out by 31st December 2014.

**Proposed Timescale:** 31/12/2014

**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 in the designated centre were assessed.

**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 Registered Provider accepts the findings of the Inspector. The Person in Charge has updated the local safety statement to include up to date risk assessments on the use of the external laundry facilities at night and the impingement on the dignity and rights of residents based on the locations of the bathrooms.

With immediate effect no outdoor laundry tasks will be conducted after 8pm.

The Provider proposes to move one resident from a room with no bathroom facilities to the recently vacant room with en-suite facilities. This resultant vacancy will not be filled until major renovation works are completed. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic timeframe for these major works to be completed. Interim works on existing bathroom facilities will be completed by 31st December 2014.

The Provider will ensure minor works identified such as the flooring in the laundry room, tarmac at the main entrance and replacement of window blinds will be carried out as identified.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

The outcomes for risks identified were not addressed in the risk register.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Registered Provider accepts the findings of the Inspector. The Person in Charge has updated the local safety statement to include up to date risk assessments on the use of the external laundry facilities at night and the impingement on the dignity and rights of residents based on the locations of the bathrooms.

With immediate effect no outdoor laundry tasks will be conducted after 8pm.

The Provider proposes to move one resident from a room with no bathroom facilities to the recently vacant room with en-suite facilities. This resultant vacancy will not be filled until major renovation works are completed. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic timeframe for these major works to be completed. Interim works on existing bathroom facilities will be completed by 31st December 2014.

The Provider will ensure minor works identified such as the flooring in the laundry room, tarmac at the main entrance and replacement of window blinds will be carried out as identified.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

The systems in place for effective laundering of infected or soiled items were inadequate.

**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 Registered Provider accepts the findings of the Inspector understands the importance of adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

An operational procedure consistent with the standards for the prevention and control of healthcare associated infections published by the Authority is now in place regarding all aspects of the laundry process, including appropriate washing temperatures, the segregation of potentially contaminated items such as mop heads and soiled clothing. This procedure will be subject to regular audit by the Person in Charge.

Staff training will be delivered by the Person in Charge at each shift in order to ensure comprehension of the associated risks and increase compliance.

The structural deficits of the laundry area will be addressed by the aforementioned building plans. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic timeframe for these major works to be completed. The Provider will ensure minor works identified such as the flooring in the laundry room will be carried out by 31st December 2014.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

There were no simulated fire drills documented evidencing that residents could be evacuated to a safe location in an appropriate time frame.

**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:**

The Registered Provider accepts the findings of the Inspector and understands the dangers associated with unrehearsed fire evacuation plans.

The Person in Charge scheduled fire training for staff on 3rd September for staff with further date arranged for the 9th October 2014. Fire evacuations took place on 17th July 2014 and the 23rd September 2014 respectively. The fire extinguishers were serviced and checked in August 2014.

**Proposed Timescale:** 09/10/2014

**Theme:** Effective Services

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

There was no evidence that staff had received training in fire prevention and management.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The Registered Provider accepts the findings of the Inspector.

The Person in Charge scheduled fire training for staff on 3rd September for staff with further date arranged for the 9th October 2014.

**Proposed Timescale:** 09/10/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There was no evidence that staff had received training in the protection of vulnerable adults.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The Person in Charge accepts the findings of the Inspector and understands the importance of safeguarding our residents.

The Provider has scheduled accredited training in relation to safeguarding residents and the prevention, detection and response to abuse. This training is planned for October 10th, 24th, 30th and November 7th 2014 and is compulsory for all staff.

**Proposed Timescale:** 07/11/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Healthcare needs were not all adequately planned for.

**Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Registered Provider accepts the findings of the Inspector and understands that appropriate healthcare must be provided for each resident.

The Person in Charge will ensure that all residents will have their healthcare plans reviewed.

The Person in charge will research an evidence based tool to formally assess the health care needs of the residents and develop a timely implementation plan.

The Person in Charge will ensure that all pressure area assessments will in future be documented using the 'Waterloo Score'.

The Person in Charge will ensure that all residents who experience seizures will have

their care plans reviewed to include a comprehensive action plan.

The care plan for the residents who have PEG feeding tubes will be updated to include all risks and action plans including tube blockage as per the 'Meath Adult Disability Service, Guidelines on the Use and Management of Percutaeneous Endoscopic Gastrostomy Version 1 2014'. This will be implemented fully by 30th September. A programme of training will be rolled out in October 2014

**Proposed Timescale:** 30/11/2014

## **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:**

Medication identified as needing to be disposed of was not segregated until it was returned to the pharmacy.

**Action Required:**

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The Person in Charge accepts the findings of the Inspector and has made arrangements for safe storage and segregation of medications to be returned to the pharmacy

The organisational policy is designed for the inclusion of the actual practices in individual house and this will be addressed immediately.

The prescription sheet is also to be reviewed and reordered to include space for comments.

The audit process will also be reviewed and implemented.

**Proposed Timescale:** 31/10/2014