Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Dungloe Services 2
Centre ID:	OSV-0002506
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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:	To:
20 September 2016 09:15	20 September 2016 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:
As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with six residents and three staff members and a relative of a resident. Residents told the inspector that they liked living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time and that they chose and received foods that they liked.

Description of the service:
The centre was made up one house, close to a rural town. The centre provided a residential and shared care service for ten male and female adults with intellectual disabilities.

Overall judgment of findings:

Of the nine outcomes inspected on this inspection, four were in compliance with some of the regulations, one was in substantial compliance, one was moderately non compliant, and there were three major non-compliances.

Overall, residents received a good level of health and social care, and stated that they were happy living in the centre. Residents had interesting things to do during the day, and were also supported by staff to integrate in the local community. They also had good opportunity to keep in touch with family and friends. Residents' healthcare needs were well met and there were measures in place to safeguard residents from any form of abuse. The centre was suitably resourced in terms of staff to meet the needs of residents.

While there were health and safety measures in place, improvement to fire safety and risk management was required.

Improvement was also required to medication management. In addition, the governance and management of the centre required improvement as there was a lack of clarity as to who was the person in charge of the centre and some required reviews of quality and safety in the centre had not been undertaken.

The centre was well maintained, comfortable and suitably furnished. However, the physical layout and design of the house did not fully meet residents' needs, as it did not provide sufficient privacy options.

Findings from the inspection and actions required are outlined in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

This outcome was not reviewed in full at this inspection. However, it was examined in respect of how the building impacted on the privacy and dignity of residents and the inspector found that this area required improvement.

While the centre was well maintained, comfortable and suitably furnished, the physical layout and design of the house did not fully meet residents' needs, as it did not provide sufficient privacy options.

All bedrooms were shared by two residents and there was no suitable privacy screening provided to enable residents to avail of privacy or time alone in their bedrooms. There was one portable screen in the house which could be used if required. In one bedroom there was no door on the en-suite bathroom, and this area was divided from the bedroom with a plastic curtain. This reduced the privacy and dignity of residents using this room. There was one sitting room in the house and, as the house was occupied by ten people, this limited residents' choices to spent time alone or to meet visitors in private.

Bedroom doors were lockable and there were keys available for residents who wished to lock their doors. Residents had adequate personal storage space and wardrobes.

Judgment:
Non Compliant - Moderate

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:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that there was individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre and in the community.

Each resident had a personal plan which set out the resident's individual needs and identified life goals. The personal plans contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives.

There was an annual meeting for each resident, which was attended by the resident, his/her family and support workers, to discuss and plan around issues relevant to the resident's life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. However, progress in achieving personal goals was not consistently being recorded, although staff were progressing the identified goals and were able to discuss this progress with the inspector.

There were a range of activities taking place in the resource service and some residents were supported by staff to attend this service. Some residents were retired from resource services and activities and occupation for these residents took place in the centre.

Staff also supported residents' to access the facilities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There was a vehicle available to support residents attend their day services or other activities they wished to participate in. Arrangements were also made for residents

to go for outings, attend concerts and musicals and visit families.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

There was one house in this centre. During the previous inspection, the inspector found that the house was maintained in good condition, attractively decorated and rooms were personalised to reflect residents' choices and there was adequate storage for residents' clothes and possessions. On this inspection, the inspector found that this standard was being maintained. However, the physical layout and design of the house did not fully meet residents' needs, as it did not provide sufficient privacy options. This is further discussed in outcome 1. The clinical nurse manager on duty told the inspector of plans to acquire purpose-built accommodation to replace this centre. The inspector was given a copy of plans for the proposed development.

Overhead hoists were provided throughout the house both in bedrooms and bathrooms. Bathroom facilities were well-equipped and spacious.

There was no internet access available to residents in the centre. Therefore, residents could not use beneficial systems, such as communication techniques, entertainment and search engines, through computerised systems.

The kitchen was clean and suitably equipped. Residents had use of a washing machine, clothes dried and outdoor clothes line with which they could do their own laundry with support from staff. There was an office for staff use.

There were suitable arrangements for the disposal of general waste. Residents and staff segregated waste before removal to main bins which were stored externally. These were removed by contract with a private company. There was no clinical waste generated in the centre.

The grounds to the centre were well maintained and included front and rear gardens, a seating area and a polytunnel.

Judgment:
Substantially 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:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that there were systems in place to protect the health and safety of residents, visitors and staff. However, improvement was required to fire evacuation drills, some fire safety procedures and risk assessment.

The measures to control the spread of fire were not adequate throughout the centre. None of the bedroom doors were fire doors and this had not been assessed to establish the level of risk this generated. In addition, there were no automatic closing mechanisms on internal doors to increase the containment of fire and smoke in the event of a fire in the centre.

There were up-to-date servicing records for all fire fighting equipment, fire alarms and emergency lighting. Some internal safety checks were being carried out, such as checks of emergency lighting, fire extinguishers and alarms.

Staff had received fire safety training. Personal emergency evacuation plans had been developed for each resident and the procedures to be followed in the event of fire were displayed. However, there was some lack of clarity among staff who spoke with the inspector regarding the evacuation procedures to use.

Fire evacuation drills required improvement. Fire evacuation drills were being carried out approximately quarterly. Records of all fire drills were maintained and these included the time taken and details of who had taken part. Records indicated that fire evacuations were mostly completed in a timely manner. However, no fire drills had been undertaken during night-time hours, or to simulate night time circumstances. Therefore, the person in charge and staff did not know of problems that might occur, or how residents might react, during an emergency at night.

There was a health and safety statement, a risk management policy and a risk register which identified measures in place to control identified risks. Personal risks specific to each resident were identified and control measures were documented in residents' personal plans. However, although the risk management policy was generally comprehensive and informative, guidance to manage the risk of self harm was not available during the inspection. In addition, assessment had not been undertaken and control measures developed to reduce some risks identified during the inspection. These included risks associated with access to disposable gloves which could present a choking hazard, very hot water in bathroom taps which could be a scalding hazard, and risks associated with some residents' doors not being closed at night as a fire containment measure.

The building was maintained in a clean and hygienic condition. Hand sanitizers were available for use by residents, staff and visitors.

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:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

Measures were in place to protect residents from being harmed or abused.

There was a safeguarding policy, and a training schedule which ensured that each staff member attended training in safeguarding. Staff who spoke with the inspector confirmed that they had received training in safeguarding, and were very clear on what constituted abuse and on how they would respond to it.

The centre manager understood her responsibilities in relation to adult protection and was clear on how an allegation or suspicion of abuse would be managed. Any

allegations or suspicions of abuse that had occurred in the centre and been suitably managed and investigated. The inspector observed staff interacting with residents in a respectful and friendly manner.

There was also a policy on responding to behaviours that challenge to guide staff. At the time of inspection few of the residents exhibited behaviours that challenged or required behaviour management plans. The inspector viewed a behaviour support plan which had been developed for a resident and discussed this resident's support with staff. Staff were very clear about the resident's support needs and explained proactive and reactive measures that would be used.

There were no residents using bed rails as a form of physical restraint, although bed rails were used to reduce an identified falls risk. Suitable assessment had been undertaken prior to the use of bed rails and a system of observation checks was in place.

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:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents' health care needs were well met and they had access to appropriate general practitioner (GP) and other health care services as required.

All residents had access to GP services. Records indicated that residents went for consultation with GPs as necessary. Referrals to other medical consultants were also made, when required, for residents.

Residents had access to a range of health professionals including a physiotherapist, dietician, psychologist and occupational therapist. Referrals were made as necessary and the appropriate professionals were involved in residents' health care reviews. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external health care services were

arranged, such as visits with the optician, chiropodist and dentist.

There were nursing staff based in the centre at all times when residents were present. Nurses carried out annual clinical assessments of all residents. Individualised support plans were in place for all residents' assessed health care needs. These plans provided guidance to direct staff. For example, plans of care had been developed for identified care needs such as falls risk, epilepsy and constipation.

Residents' nutritional needs and weights were kept under review and any identified issues were addressed. Residents were supported and encouraged to eat healthy balanced diets and partake in a light exercise. During the inspection, the inspector saw residents eating healthy home cooked meals and all residents were offered choices at mealtimes.

Residents had access to the kitchen to prepare drinks and snacks at any time. Residents told the inspector that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed the meals in the centre. At the time of inspection some residents had special dietary requirements and these were being met.

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:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that while some medication management practices were safe, some improvement was required to the prescribing and administration of medication, and to self-administration assessment.

The inspector reviewed medication management practices and found that some improvement was required. In a sample of prescription sheets viewed the information available to guide staff in the administration of medication was not clear and some medication was not being administered as prescribed. For example, one medication that was prescribed for administration three times daily was being administered twice daily,

while another that was prescribed to be administered as required (PRN) was routinely being administered three times daily at set times. In addition, staff had discontinued administering a medication that had not been discontinued by the GP on the prescription sheet. There were also supplies of emergency PRN medication in stock for residents, for which there were no prescription records available for some residents. These inconsistencies increased the risk of medication error. The clinical nurse manager and nursing staff in the centre acknowledged that the system required improvement and advised the inspector that a new template for medication prescribing and administration was being developed.

None of the residents in the centre had been assessed for suitability for medication self-administration. Therefore, residents who may have had the capacity to administer their own medication did not have the option to avail of this opportunity.

There was, however, some good practice around medication management. There were colour photographs of each resident to verify identity if required and there was an up to date signature sheet available.

There were suitable systems for storage of medication. There was a secure medication trolley that was locked to the wall when not in use. There was also refrigerated storage for any medicinal products requiring temperature control.

At the time of inspection there were no residents who required medication requiring strict controls or medication that required to be administered crushed.

There was a medication policy to guide staff.

Judgment:
Non Compliant - Major

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:
This was the first inspection of this service in its current reconfiguration. The centre was

previously part of a larger designated centre.

The provider had established a management structure, supports were available to staff, and there were some systems in place to review and improve the quality of service. However, improvement was required to the role of person in charge, auditing systems and staff supervision.

There was a lack of clarity regarding who was the person in charge of the centre. There was a clinical nurse manager based in the centre who had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for supervision of the staff team. She worked closely with her line manager, who was identified as the person in charge. It became evident during the inspection that the person identified as the person in charge was not operating in that capacity and was not present in the centre at any time during the inspection. The provider was requested to advise HIQA as to who the person in charge of this centre is.

Both the clinical nurse manager, and staff who met with the inspector in the centre, knew the care needs of residents and demonstrated a commitment to providing a good level of health and social care to these residents.

There were some systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review within the centre for the purpose of identifying trends. Monthly reviews of incidents were being undertaken by the clinical nurse manager and all incidents in the centre were escalated to the organisation's risk management department for further review. The numbers of incidents in the centre had been low, and those which had occurred had been suitably recorded. The numbers of complaints received in the centre was very low and therefore there was not enough information to audit or identify trends. Some staff had been trained to implement the organisation's auditing system. Auditing, such as health and safety, hygiene, and infection control, had been undertaken and indicated high levels of compliance. However, the system for auditing medication management was not fully effective, as issues found on inspection had not been identified during the audit process.

The inspector found that the provider nominee had not made unannounced visits to the centre at least once every six months to review the quality of the service as required by the regulations. In addition, an annual report on the quality and safety of care in the designated centre had not been prepared to date. The inspector was told that the provider nominee had developed an auditing schedule to complete these audits and reports, and that these were being systematically completed within the organisation.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised relevant training for staff.

Judgment:
Non Compliant - Major

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:
This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection.

There was a planned roster which the inspector viewed and found to be accurate. Staff were present in the centre to support residents. Staff also accompanied residents for outings, concerts and trips away and when they wanted to do things in the local community such as going shopping, for meals out, or to attend sporting or social events.

Some residents received a home-based service or sometimes chose not to attend day services, and staff were available to supports these residents. There were separate staff to support residents who attended day services.

The inspector did not fully review the staff recruitment process on this inspection. The main recruitment records were not available for review as they were kept centrally in another location that was not close to this centre.

All staff had received up-to-date mandatory training in fire safety, safeguarding and manual handling as required by the regulations.

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:

Jackie Warren
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[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002506
Date of Inspection:	20 September 2016
Date of response:	24 November 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 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:
There was no suitable privacy screening provided to enable residents to avail of privacy or time alone in their shared bedrooms.

There was inadequate privacy screening between one bedroom and its en-suite bathroom.

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

The layout of the house limited residents' choices to spend time alone or to meet visitors in private.

1. 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 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:
(A)HSE contractor has reviewed the access to the ensuite and will put a new door in place.
(b)Plans are currently being placed with the planning office for the construction of 3 x 4 bedroom houses with ensuite facilities.
(C) 3 companies contacted re sourcing privacy screens (such as telescopic poles) to provide privacy & dignity for those in shared rooms. Quotations sent to the HSE provider for approval. Screens can be fitted within 4 to 6 weeks from day of order.

Proposed Timescale: (a) 15th Nov 2016 (b) June 2018 (c) 31st Jan 2017

Proposed Timescale: 30/06/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no internet access available to residents in the centre.

2. Action Required:
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Please state the actions you have taken or are planning to take:
• Approval has been granted to install internet access for the residents.
• A company has been contacted & will carry out works to arrange access for all residents.

Proposed Timescale: 31/01/2017

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:
Guidance to manage the risk of self harm was not available during the inspection.

3. Action Required:
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
• A Risk assessment has been completed for self harm and placed in the risk register.
• A resource folder has been put in place containing information on self harm, relevant easy read materials & Policy & Procedure on Integrated Risk Management in Intellectual Disability & Autism Services.

Proposed Timescale: 21/10/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Assessment had not been undertaken and control measures developed to reduce all risks in the centre. These included risks associated with access to disposable gloves which could present a choking hazard, very hot water at in bathroom taps which could be a scalding hazard, and risks associated with some residents' doors not being closed at night as a fire containment measure.

4. 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:
• Risk Assessments have been completed to address all identified risks in the centre and placed in the risk register.

Proposed Timescale: 31/10/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures to control the spread of fire were not adequate throughout the centre.

Bedroom doors were not fire doors and this had not been assessed to establish the level of risk this generated.

There were no automatic closing mechanisms on internal doors to increase the containment of fire and smoke in the event of a fire in the centre.

5. 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:
• This action was raised with HSE Fire Officer and an engineer has carried out an assessment on doors.
• A Fire safety report has been completed by the engineer who will work in collaboration with the fire Officer.
• The level of risk was identified on the report as priority and this work is to be addressed immediately.

Proposed Timescale: 28/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was some lack of clarity among staff regarding the evacuation procedures to be used.

6. 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:
• Evacuation procedures have been discussed with staff at staff meeting.
• Memo issued for Staff to read & become familiar with all personal emergency evacuation plans.
• The person in charge has developed and implemented a plan to ensure that all staff are aware of the evacuation procedures.
• The fire evacuation procedure is a standing agenda item for discussion at all future staff meetings.

Proposed Timescale: 31/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No fire drills had been undertaken during night-time hours, or to simulate night time circumstances. Therefore, the person in charge and staff did not know of problems that might occur, or how residents might react, during an emergency at night.

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

Please state the actions you have taken or are planning to take:
• Night time fire drill evacuation took place on the 1st Nov 2016.
• A plan was developed to ensure that all staff carries out a simulated night time fire drill. All staff nurses and a number of care staff have completed this and the remaining care staff will have this completed by 17th Nov 2016.

Proposed Timescale: 17/11/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some medication was not being administered as prescribed.

Staff had discontinued administering a medication that had not been discontinued by the GP on the prescription sheet.

There were supplies of emergency PRN medication in stock, for which there were no prescription records available for two residents.

8. Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
• Staff Nurse met with GP and reviewed all Prescription Charts which have now been updated to contain the prescribed medication.
• Nurses are now administrating medication as prescribed and the person in charge will carry out spot checks to ensure good practice around medication.
• Prescriptions will be reviewed on a monthly basis prior to prescriptions being filled.

Proposed Timescale: 21/10/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
None of the residents in the centre had been assessed for suitability for medication self-

administration.

9. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
• A Staff nurse has been allocated to carry out assessments on the residents in relation to the suitability for self administration of medications.

Proposed Timescale: 30/11/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of clarity regarding the person in charge. The person identified as the person in charge was not operating in this capacity.

10. Action Required:
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
• This has now being clarified and HIQA have been notified of the identified person in charge of the centre.

Proposed Timescale: 12/10/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review and report on the quality and safety of care in the designated centre had not been undertaken.

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

Please state the actions you have taken or are planning to take:
• The Provider Nominee has a schedule in place to carry out an annual review of the quality and safety of care and support provided by designated centre.

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Unannounced visits to the centre had not been made to review the quality and safety of care at least once every six months as required by the regulations.

12. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
• The Provider Nominee has a plan in place to ensure that there is an unannounced visit to the centre before the end of Dec 2016 to review the quality & safety of care and support provided by the designated centre.

Proposed Timescale: 31/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system for auditing of medication management was not fully effective, as issues found on inspection had not been identified during the audit process.

13. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
• Discussed the auditing system of medication with the Nurse that carries out the medication audit re issues that were not identified during the audit process. The person in charge is currently developing a new Prescription Chart which will be more compatible to the auditing system that is currently in use to make the audit system more effective and this will be reviewed at the next Governance meeting in Dec 2016.

Proposed Timescale: 28/02/2017