

**Health Information and Quality Authority
Regulation Directorate**

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



| | |
|---|-------------------------------------|
| Centre name: | Meath Community Unit |
| Centre ID: | OSV-0000477 |
| Centre address: | 1-9 Heytesbury Street, Dublin 8. |
| Telephone number: | 01 707 7909 |
| Email address: | mcu.admin@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Lead inspector: | Helen Lindsey |
| Support inspector(s): | Leone Ewings |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 48 |
| Number of vacancies on the date of inspection: | 3 |

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
- to carry out thematic inspections in respect of specific outcomes
- 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 February 2018 09:00 To: 01 February 2018 17:00

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Substantially Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Substantially Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Substantially Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Substantially Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Non Compliant - Moderate |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |

Summary of findings from this inspection

This was an announced inspection by the Health Information and Quality Authority [HIQA]. The inspection was carried as part of the process of gathering information to inform the renewal of the certificate of registration.

Inspectors found some of the outcomes reviewed were compliant with the Health Act 2007 [Care and Welfare for Residents in Designated Centres for Older People] Regulations 2013 [as amended] however other areas required improvements to be made.

During the inspection inspectors met with residents, family and staff members. They also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals. 19 copies of the HIQA questionnaire were returned. Feedback was overall positive. The staff team received praise from most respondents, with common comments

stating they were 'kind' and 'helpful'. Overall residents were satisfied with their rooms, food and mealtimes, and visitors arrangements. Comments made for improvement were mostly focused on the premises including the communal areas and lack of a visitor's areas

Care and support was seen to be provided in a person centered way to residents from a staff team who knew them well. There was good access to a range of healthcare professionals and where residents' required additional support or their needs changed it was addressed in a timely manner. Meals and mealtimes were seen to be a pleasant experience for residents who confirmed they found the quality of meals to be good.

There were clear governance and management arrangements in place including a management team who were clear of their roles and responsibilities. Systems to review the quality of the service were in place however they required review to ensure all the regulations and standards were being met. A number of areas were identified where improvements were required relating to the range of topics audited in the centre, the recruitment records of staff, oversight of restrictive practice and the use of 'as required' medication, the evacuation plan for residents, and outstanding issues in relation to the premises.

Four actions from the previous inspection had been addressed and two remained outstanding.

This is discussed further in the report and in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. It was kept up to date and revised in November 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were clear management arrangements with clear lines of accountability. The quality of the care and experience of residents was being monitored however the areas covered required review to ensure all practice in the centre was in line with organisational policies and national guidelines.

There was a clearly defined management structure that identified the lines of accountability. The management arrangements were clearly set out in the statement of purpose and seen to operate effectively in practice.

There were sufficient resources to ensure the effective running of the centre, for example the premises were being maintained with plans for improvements to decor, staffing levels were maintained at the agreed levels with the use of directly employed staff and agency staff, there was ongoing recruitment to fill vacancies, equipment was available as required, and a range of activities and social engagement were made available.

There were a range of management systems in place to give an overview of the performance of the centre. It included regular management and staff meetings where a range of issues were covered, for example staffing, training, health and safety, clinical governance. There was also a regular senior management meeting where there was the opportunity for peer learning.

A range of audits were carried out, and for each seen there was a clear record of the findings, a list of recommendations, the name of the person allocated, and the timescales for improvement. While a range of audits were completed, inspectors found some gaps (as described in outcome 7) which had led to practice not being in line with the organisations policies or national guidance.

An annual review had been completed against the national standards for 2017; including an action plan for where it was identified improvements could be made.

Judgment:

Substantially Compliant

*Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

Theme:

Governance, Leadership and Management

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

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

Findings:

A review of four staff recruitment files was carried out, and all had a current Garda vetting report. However three of the four had gaps in the employment history. This action remained outstanding from the last inspection.

Verbal confirmation was given that all staff had Garda vetting in place.

Judgment:

Substantially Compliant

Outcome 07: 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 provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

While there were systems in place to safeguard residents some improvement was required to ensure the policy fully implemented and national guidance followed.

There were clear policies in place relating to safeguarding residents, managing responsive behaviours and also restrictive practice. Staff spoken with were clear of the policies and staff practice was seen to follow the guidance. For example supporting residents in line with their care plans in relation to responsive behaviours. Staff confirmed they had completed training and received reminders when they were due to attend a refresher course.

Two areas required review in relation to restrictive practice and 'as required' psychotropic medication.

While reviewing the arrangements for managing restrictive practice it was observed that each resident who had a restriction in place was identified, and there was a system in place to approve the restriction and review it regularly. However it was noted that where a resident had stated they wanted the restriction, for example bed rails, the procedure in the policy was not followed in that alternative methods were not offered to encourage a less restrictive option. It was also noted for some resident where it was recorded they were choosing the option of bedrails, an assessment of their cognitive abilities suggested they may have a reduced capability to make decisions. The system required review to ensure the centres policy was being followed.

In the case of 'as required' psychotropic medication it was noted in the examples reviewed that there was no clear description of the circumstances in which the medication was to be used, as guided by the national policy.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Health and safety of residents, staff and visitors was being actively promoted and protected. Improvement was required in relation plans for fire evacuation.

There were arrangements in place in the centre to manage health, safety and risk. This included clear policies and guidance, an up to date safety statement, and an emergency plan for the response to major incidents. There was also a procedure in place for managing and responding to accidents and incidents. Recent entries reviewed had been fully completed and covered topics such as falls and incidents of responsive behaviour.

The risk register was seen to be a document kept under review and included risks identified and under review such as the automatic doors, building maintenance, storage and staff vacancies. The management team described how it was used to monitor progress in relation to actions required to manage and reduce risks in the centre.

Procedures for infection control were seen to be in line with national guidance. There was personal protective equipment available through the centre such as gloves, aprons, hand gels and sinks for hand washing. Laundry arrangements included management of infected linens. A recent outbreak of the flu had been managed in line with national practice.

There was a fire policy and procedure in the centre, and evacuation instructions were located at key points throughout the centre. It was noted however that the evacuation procedure in the policy had not been implemented fully. Residents had not been assessed as to the level of support they would require to evacuate safely, and aid identification for the order for evacuation, as detailed in the policy.

All staff had completed fire safety training. Regular drills to practice different scenarios were carried out. The most recent drill was a night drill and found to go well, follow up actions were recorded and the CNM confirmed they had been carried out. The centre was compartmentalised through the use of fire doors on magnetic self closing mechanisms.

Regular checks of equipment and fire safety arrangements were being carried out, and the centre had a sufficient amount of fire equipment. Fire exits were clearly marked and free from obstructions. Service records showed the fire alarm, emergency lighting and fire extinguishers were serviced as required. There was also daily and weekly fire checks

carried out by the staff team.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents were protected by the designated centres procedures for medication management.

Safe practice was observed through the inspection, and staff were seen to know and understand the policies of the centre. A copy of the medication management policy was available in each unit and provided guidance to staff to manage aspects of medication including receipt, storage and administration.

The medication records clearly showed the medication to be administered including any specific instructions. If medication was to be crushed or administered covertly then it was clearly documented and signed by the general practitioner. Medication was seen to be administered within the prescribed timeframes. There was space to record when a medication was refused or withheld on the administration sheet.

Nurses kept a register of controlled drugs and the balance was checked by two nurses at the change of each shift. The inspector checked an example and found the record and medication to be correct.

There were clear procedures for receipt of medication in to the centre, including for those who were staying for respite. A process of medication reconciliation was carried out to ensure each required medication was available. There was also a nurse prescriber available in the centre for cases when it was required.

There was a system in place for the monitoring and review of medication practice in the centre. Recent audits showed good practice in each unit, and actions for improvements had been implemented. Where medication errors had occurred there was a review and a root cause analysis completed to identify if improvements were required to reduce the risk of it occurring again.

There were clear links with the pharmacist and advice could be requested as and when required.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
It was noted that two notifications that were required to be submitted on a quarterly basis had not been received. This was addressed by the staff team and they were submitted the following day.

Judgment:
Substantially Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Residents' health and social care needs were being met by a good standard of nursing care.

The service delivered was for residents taking a respite break and for long term care. Prior to admission the resident's needs were reviewed to ensure they could be met in the centre. On admission a comprehensive assessment was completed that identified residents needs, and then care plans were put in place. There was also documentation providing information about the residents' life, preferences, and preferred routines.

Inspectors observed that evidence based care was being delivered to residents. Care plans reflected residents up to date needs, and a range of nursing tools were used to review care needs and identify if any changes needed to be addressed. For example resident's weights were monitored along with using a tool that assessed the risk of malnutrition.

There was good access to relevant medical professionals and the wider health and social care team. A range of allied health care professionals worked in the centre and reviewed residents needs on a regular basis, this included physiotherapists, a dietician, a social worker, and a music therapist. Other healthcare professionals were accessible from community services including psychiatric service. The inspector saw examples where their recommendations were put into place for example with physiotherapy exercises, aid and adaptations. Music therapy was used to support residents in a range of ways, including when they required end of life care. Care plans for palliative and end of life care were seen to set out clearly people's wishes.

A general practitioner (GP) visited the centre regularly and there was an out of hours GP service where required. They also reviewed every resident at least three monthly, or more frequently as required.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Judgment:

Compliant

Outcome 12: 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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

Inspectors followed up on three areas identified as requiring improvement. One had been met, but two remained outstanding.

The use of communal space in the units was observed during the inspection. Two rooms

were allocated in each unit and residents were seen to making use of both rooms during the inspection, they provided a range of seating and access to the television and radio. There was also a large communal area on the ground floor that was seen to be well used for group activities and events, such as a movie on the afternoon of the inspection. Some residents said they liked the communal rooms on offer, while others commented that they found them to be cramped.

While discussions were taking place about finding a specific place to be made available for residents to see visitors in private, at the time of the inspection there was no private area available.

Improvements had been made in relation to storage of equipment in the centre. A space outside of the units had been identified that could be used. Wheelchairs and walking frames that were no longer in use had been removed. However the practice of storing hoists continued in the accessible bathroom in each of the three units, which meant they could not be accessed easily.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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:

Person-centred care and support

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

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

Findings:

The complaints policy had been reviewed and clearly set out who was responsible for managing complaints in the centre, and who had oversight of the complaints process. In questionnaires returned to HIQA residents and relatives confirmed they knew the complaints process and who to speak to.

The records for complaints were reviewed and all comments, concerns and complaints had been fully recorded, including whether the complainant was satisfied with the outcome.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a

discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink in quantities adequate for their needs.

The menu was seen to operate on a three week cycle, and had been reviewed by the dietician to review their nutritional input.

Inspectors observed a mealtime and found that the meal served was hot and well presented. The menu showed that choices were available and staff were heard asking residents what they wanted, and in some cases showing the portions to aid residents in making a decision.

Where residents had support needs in relation to eating their meal it was seen to be provided discreetly. Residents on modified diets or those who were having meals fortified were supported by staff to have the recommended diet as set out in the dietician or speech and language therapy assessment.

The dining rooms had been decorated to provide a homely environment. There tables were laid with condiments, cutlery, napkins, glasses and cups. There were table cloths and flowers coordinated to the colour of the room.

A staff member carried out regular observations of practice in relation to mealtime using a formalised assessment tool. It was noted that a recommendation had been made to encourage conversation and to create a nice atmosphere by playing calming music. Both of these recommendations were seen to have been put in to practice.

Residents who spoke with inspectors said the quality of the food was good, that they had good access to drinks and snacks, and that they always had a choice offered to them. Feedback in the HIOA questionnaire was also overall positive.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

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| Person-centred care and support |
| Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented. |
| Findings: The curtains in the shared bedrooms had been reviewed and now provided privacy as they went around the full bed area. |
| 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:

Helen Lindsey
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

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|----------------------------|----------------------|
| Centre name: | Meath Community Unit |
| Centre ID: | OSV-0000477 |
| Date of inspection: | 01/02/2018 |
| Date of response: | 21/03/2018 |

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Management systems required review to ensure all areas of practice were covered.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

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

In relation to gaps in the audits cited in the inspection report(as described in outcome 7) the following actions will be undertaken in the Meath Community Unit:

1. A review of the current system for collecting and acting on information around restrictive practice in the centre.
2. A full audit will be undertaken on the use of restrictive practice in the centre
3. All staff in the centre will attend education updates on restrictive practice
4. Management will endeavour to fill all staff vacancies to ensure that residents are assessed by qualified personnel who can recommend the appropriate equipment and treatment plans for the residents
5. Management will undertake to source the appropriate equipment required to reduce restrictive practices in the centre

Proposed Timescale: 30/09/2018

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Three examples were seen where staff did not have a full employment history in place, together with satisfactory gaps in employment history.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The information required in relation to, outstanding documentation has been requested from Human resources and will be placed in the three employees file.

Proposed Timescale: 30/03/2018

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The specific circumstances under which restraints should be considered was not recorded in example seen of residents using 'as required' (PRN) psychotropic medication.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

1. A full audit of the use of restrictive practice in the centre will be undertaken
2. Education sessions will be arranged for staff to include, a review of the restraint policy in the centre with reference to the use of psychotropic medication and an update will be provided on appropriate documentation for all clinical staff in the centre
3. A root cause analysis into the incident indicated, that the incident occurred when an agency worker was on duty. Prompts will be added to the ward handover sheet to remind agency staff of their responsibility, regarding the documentation of circumstances in which PRN psychotropic medication is administered to residents

Proposed Timescale: 31/10/2018

Theme:

Safe care and support

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

Examples were seen where the policy relating to restrictive practice was not being followed.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

1. There will be an education update undertaken in the centre in relation to, the use of restrictive practice to include assessment and trialling of alternative less restrictive methods for residents
2. There will be a review of the restraint policy in the centre
3. All residents who have bedrails in situ will be reassessed and trials commenced to identify the least restrictive method of maintaining the residents safety
4. Management will ensure that the appropriate equipment is in place
5. Management will ensure that the appropriate staff are in place to undertake the correct assessments and guide the purchase of the correct equipment

Proposed Timescale: 31/10/2018

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

Arrangements for evacuation were required for individual residents as described in the Fire safety policy.

5. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

All residents have now been assessed as to the level of support required for their safe evacuation in the event of an evacuation. There are now Personal Emergency Evacuation Plans in place for all residents in the centre.

Proposed Timescale: 21/03/2018

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Two notifications required at quarterly intervals had not been submitted.

6. Action Required:

Under Regulation 31(2) you are required to: Inform the Chief Inspector in writing of the cause of an unexpected death when that cause has been established.

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

These notifications have since been submitted to HIQA and the dates for the quarterly submissions are highlighted on the year planner to ensure that best practice is adhered to in the future.

Proposed Timescale: 21/03/2018

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There was no private space for residents to meet visitors in private.

There was inadequate storage space for hoist equipment.

7. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

1. In relation to, private space for residents to meet visitors in private, one of the offices in the centre is being reconfigured and will be designated as the private space for visitors and residents
2. In relation to, inadequate storage space for hoist equipment, a new storage space on each ward will be created by decommissioning the bathrooms on two floors and making these spaces into storage areas. Further space for storage will be created on the 3rd floor by reconfiguring current available space.

Proposed Timescale: 1.0 30th June 2018
2.0 31st October 2018

Proposed Timescale: 31/10/2018