

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	La Verna
Centre ID:	OSV-0002363
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Anna Doyle
Support inspector(s):	
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 27 April 2017 09:40 To: 27 April 2017 18:00

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the designated centre. The last inspection was a registration inspection carried out in October 2014. The centre is registered, the details of which were displayed in the centre. Since the last inspection the occupancy levels in the centre had been reduced from six to five residents. The purpose of this inspection was to follow up on actions from the last inspection and to monitor on-going compliance with the regulations.

Description of the Service:

The centre is operated by St. Michaels House (SMH) and is situated in North Dublin. It comprises of a six bedroom two storey house located close to local shops and transport links. The centre provides care to female residents. Care is provided by social care workers and there is access to nursing personnel from a 24hour on call support service provided by SMH.

How we gathered evidence:

Over the course of this inspection the inspector met all of the residents. The

inspector met with three of the residents to discuss whether they were happy with the services provided in the centre and went through their personal plans with them with their consent. Residents said that they were very happy living in the centre. They spoke about what life was like in the centre and were observed to live very active lives in the community in line with their personal preferences. One resident stated " if I don't want to do it, I don't do it" and gave many examples to the inspector where they were supported with this.

The inspector met with staff, observed interactions with staff and residents, reviewed records such as: care plans, risk assessments and fire records. The person in charge was present for the inspection and was very responsive to any requests for records requested. A person participating in the management of the centre, who reported to the person in charge, met with the inspector. Feedback was attended by the person in charge, the service manager for the centre and the provider.

Overall findings:

Overall the inspector found that residents were well cared for in the centre. Staff were observed to treat residents with respect at all times and care and support was given to residents in a timely and relaxed manner. Residents were observed to really identify with the person in charge of the centre. They said that they were very happy living in the centre and were involved in managing their own home. They spoke about residents meetings that were held every Tuesday in the centre to discuss the running of the centre.

The centre was clean and maintained to a good standard. There were effective management systems in place to ensure that the quality of care being provided in the centre was monitored and reviewed. An annual review had been completed for the centre for 2016 which included the views of residents and family members. The findings recorded on this found that both families and residents were very satisfied with the services provided in the centre. The inspector was also shown records under the complaints log of a compliment recorded from a family member outlining how happy they were with the staff and the services provided in the centre.

The inspector found that the person in charge and the provider were for the most part meeting the requirements of the regulations under the outcomes inspected.

All of the actions from the last inspection had been implemented. On this inspection, one outcome was found to be in moderate compliance with the regulations under health and safety. Two outcomes under residents' rights and medication management were found to be substantially compliant. All of the other outcomes inspected were found to be compliant. The action plan at the end of this report outlines the improvements required.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Not all components of this outcome were reviewed. The inspector found that information discussed at residents' annual reviews did not respect resident's dignity. This was discussed at the feedback meeting and the provider agreed to have this item removed from an annual review template that was used in SMH.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had opportunities to participate in meaningful activities that were appropriate to their interests.

Each resident had a personal plan containing an assessment of need which outlined the supports residents required to meet their needs. The inspector met with staff and went through one resident's personal plan with them. The staff member was very knowledgeable of residents needs.

Three residents also met with the inspector to discuss their personal plans. Residents were aware of the details contained in their plans and spoke about some of the activities they were involved in. These included; volunteering in a local coffee shop, pottery classes, zumba dancing classes, music and one resident was in open employment one day a week.

Some residents spoke about goals they had set for the year. For example, going on holidays or doing a healthy eating course. Other residents told the inspector that they did not want to set any goals as they already led very active lives both in the centre and in their local community.

Each resident had an annual review meeting that was attended by the resident, their family, staff and any other people that the resident would like to invite. The minutes of these meetings demonstrated that all aspects of the resident's personal plan and their needs were included in this review.

Residents were supported to access the local community and spoke to the inspector about attending Mass, the local hairdressers, coffee shops and meeting family and friends. Residents were supported to maintain independent living skills. For example, some residents travelled independently in the community and one resident spoke about being supported to do bus training in order for them to travel independently.

There was evidence that residents were involved in their personal plans. Records contained in plans were signed by the residents. Daily reports completed by staff were done in consultation with the resident and the resident signed these records with the staff.

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):

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

Findings:

The inspector found that the centre was clean and suitably decorated. The location design and layout of the centre were suitable to meet the residents' needs in the centre.

Since the last inspection two bathrooms upstairs had been updated. The laundry room was now located outside and additional communal space had been made for residents as the occupancy of the centre had been reduced to five residents since the last inspection.

Each resident had their own room and from the bedrooms viewed by the inspector they were tastefully decorated and contained adequate storage for residents.

One resident's bedroom was located downstairs, adjacent to the staff office/bedroom. There was a connecting door from the staff bedroom to this resident's bedroom. The inspector found that this may compromise the resident's right to privacy. However, the resident told the inspector that they did not have an issue with it and liked using that door sometimes.

The centre is attached to a day service owned by SMH and at the last inspection the inspector found that one of the bathrooms and a sitting room in the day service were being used by the residents in this centre in order for their needs to be met. However, the inspector found that this was no longer an issue.

No other aspect of this outcome was inspected.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that there were systems in place to ensure that residents, visitors

and staff were safe in the centre. However, improvements were required in the management of risk and infection control issues in the centre.

There were fire safety measures in place to ensure a safe evacuation of the centre. Fire evacuation procedures were in place and staff were knowledgeable in relation to these. Residents had personal emergency evacuation procedures (PEEP's) in place that outlined the supports required for residents. Fire drills were completed regularly in the centre and from the records viewed by the inspector no issues had been identified and drills had been completed in a timely manner.

Fire safety was discussed at residents meetings. One resident who remained in the centre on their own had completed a fire drill to demonstrate their ability to evacuate when alone in the centre.

All staff had up to date training in fire safety. Suitable fire fighting equipment was in place and this had been serviced regularly. Monthly fire safety checks were completed by staff and the person in charge completed quarterly health and safety audits in the centre.

However, the inspector found that recommendations from an health and safety audit completed in the centre in 2015, which included fire safety recommendations had not been implemented, and had not been risk assessed to demonstrate how in the absence of the implementation of the recommendations, the potential risk had been minimised.

For example, the audit recommended improvements in fire safety that included fire doors and additional fire sensors in the centre.

There were policies and procedures in place for risk management and emergency planning. The centre had a health and safety statement. These policies were not reviewed as part of this inspection.

Risk assessments specific to the centre had been formulated and a risk register was maintained in the centre. The inspector saw records to demonstrate where the person in charge had highlighted a risk to their manager and this had been risk assessed and measures put in place to reduce the risk.

However, one potential risk that had been highlighted after of a piece of equipment had been serviced in the centre had not been risk assessed and some control measures were not in place to minimise risk in the centre. For example, carbon monoxide detectors were not in place in the centre.

Arrangements were in place for reviewing accidents in the centre. From a sample viewed the inspector found that the person in charge had reviewed the incidents and appropriate actions had been taken as required. The inspector also found that incidents were discussed at staff meetings in the centre to improve practice.

There was a policy and risk assessments in place relating to incidents where a resident goes missing from the centre.

There was a policy on infection control in the centre. Hand washing facilities were provided. The centre was clean and well maintained.

However, the inspector found that while the person in charge had taken appropriate measures regarding one infection control issue in the centre and was very knowledgeable about the standard precautions required to minimise this risk in the centre; the service policy did not guide practice in this area, as it did not include the measures required to protect residents in the centre.

In addition, improvements were required to ensure that the risk assessments in place were detailed enough to guide staff practice so as to ensure that residents, staff and visitors to the centre were protected.

There was a vehicle maintained in the centre. However while the person in charge confirmed that the bus had been appropriately maintained and was road worthy, the documents relating to this were not viewed at this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures to protect residents being harmed or suffering abuse in place.

There was a policy in place for the prevention, detection and response to abuse. A schedule was in place for staff to complete refresher training in this area. Staff were aware of what constituted abuse and how to respond in such an event. Residents said that they felt safe in the centre and said they would talk to staff or a family member if they did not.

The person in charge took appropriate measures to minimise the impact of individual behaviours on others in the centre. This was evidenced through multi-disciplinary

meetings and review to ensure the actions taken were effective.

There was a policy and appropriate plans in place for the provision of behaviour support in the centre.

The inspector was informed that there were no restrictive practices used in the centre.

Intimate care plans were in place for residents that identified the supports they required in this area.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that arrangements were in place to ensure that residents' health care needs were being met in the centre.

On viewing personal plans, each resident had an assessment of need in place. From this plans had been developed that detailed the supports required to meet residents' needs. The inspector found that the plans were reviewed at least three monthly or as needs changed.

Residents had access to the local GP and a range of other allied health care services provided by SMH. Residents who spoke with the inspector were aware of the details contained in their plans in relation to their healthcare.

Residents were supported to make healthy lifestyle choices in line with their personal wishes. For example, one resident was being supported to make healthy food choices and it was recorded on the resident's plan that they did not always want to do this and this was respected.

One resident spoke about a health care initiative that they were involved in and told the inspector about their role in facilitating learning sessions for other residents in SMH and students in some mainstream colleges in Dublin.

The inspector found that residents were involved in menu planning and cooking some of

the meals in the centre. The residents spoken with said that they were happy with the food provided in the centre and said that if they did not like what was on the menu, they could choose something else. One resident said that one of the things they loved about the centre was that the staff and residents sat down together to eat their meals.

Mealtimes were observed to be relaxed. Staff were also observed interacting and chatting with residents while preparing the dinner.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that medication management policies were in place in the centre. However, some improvements were required in this area.

There was a policy in place in the centre on medication management which included procedures on the administration, storage and disposal of medicines. Medicines were dispensed in blister packs from a local pharmacy. Medications received into the centre on a weekly basis were checked by two staff members.

A sample of medication prescription sheets and administration sheets were viewed by the inspector and were found to contain the appropriate details with one exception. The inspector found that the times on the prescription sheet for some medications for one resident did not match the administration times recorded by staff every day.

Medications were appropriately stored in the centre. However, prescribed drops and one prescribed cream did not have the opening dates recorded on them.

There was a system in place for the disposal of unused or discontinued medication in the centre and staff spoken with were clear about this policy. A record of disposed medication was maintained in the centre.

One resident self medicated some of their medication and there was a medication management plan in place in order to guide practice for staff.

There was a system in place to record drug errors in the centre. The inspector observed

that four errors had occurred in the centre in the last eight months. From a review of the report forms completed, all incidents had been reported and followed up appropriately. There was evidence that medication errors and, possible learning from them were discussed at monthly staff meetings.

There were no controlled medications in the centre and there was no requirement for medications to be stored in a fridge.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that a statement of purpose was available in the centre that contained the details required under the regulations. This had been an action from the last inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the management systems in place were effective in the centre so as to ensure that the services provided were safe, appropriate to residents needs and were consistently monitored.

The person in charge was present on the day of the inspection. They were fulltime in their role, suitably qualified and knowledgeable of the residents' needs and their responsibilities under the regulations. The residents knew the person in charge.

There were clearly defined management structures in place in the centre. The person in charge reported to a service manager who in turn reported to the provider nominee. Regular meetings took place between the person in charge and the service manager to discuss the quality of care in the centre.

In addition, the person in charge prepared monthly data reports for the service manager. A quality improvement plan for the centre was also submitted monthly to the service manager and the provider.

Staff spoken to felt supported in their role. Staff supervision took place every six to eight weeks and there were records available demonstrating this. From a sample viewed the inspector found that a number of topics were discussed.

For example, whether staff had concerns, any training issues and whether staff were reaching objectives with care plans or other delegated duties.

An unannounced quality and safety review had been completed every six months as required under the regulations. The inspector viewed one review and found that actions identified had been completed.

An annual review had been completed for the centre which involved consultation with residents and family. The inspector was informed by the person in charge that this report was going to be launched with residents and family in the centre in the near future.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

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

There was an actual and planned roster in the centre. The staffing levels in the centre were reflected in the statement of purpose. There were contingencies in place to cover staff leave, allowing for consistency of care to residents. The inspector was informed that the use of agency or relief was not required and this was evident from the rosters reviewed.

In the absence of the person in charge a shift leader was in place to guide and direct care every day. There were also several staff identified should the person in charge be absent from the centre. The inspector met one of these staff on the day of inspection and found them to be very knowledgeable of the needs of the residents and the regulations.

One staff had recently been recruited in the centre and there were records to demonstrate that this staff was receiving induction which was supervised by the person in charge.

Nursing support was available to staff should the need arise from a nurse manager on call and from clinical nurse specialists as required.

Staff were observed to provide assistance to residents in a respectful, safe and timely manner over the course of the inspection.

Training records were reviewed and staff were found to have mandatory training completed. In addition to this they had completed training in hand hygiene, positive behaviour support and medication management.

There were no volunteers employed in the centre.

Personnel files were not reviewed as part of this inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to

residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that complete records were maintained in the centre, that were accurate and up to date. The policies and procedure required under Schedule 5 of the regulations were available in the centre on the day of the inspection. This had been an action from the last inspection. No other aspects of this outcome were inspected against.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002363
Date of Inspection:	27 April 2017
Date of response:	18 May 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Information discussed at residents' annual reviews did not respect the resident's dignity.

1. Action Required:

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

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

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

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

The Registered Provider has a system for ensuring that a comprehensive annual review takes place for each individual in the designated centre. The annual review includes a review of all information related to the person's wellbeing including physical wellbeing. In advance of annual reviews the PIC will review all information to ensure that the review is comprehensive but does not undermine the person's dignity. Personal and sensitive information will be protected and only discussed with the relevant allied health professionals when it impacts on the person's wellbeing.

Proposed Timescale: 18/05/2017

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:

One potential risk that had been highlighted after of a piece of equipment had been serviced in the centre had not been risk assessed and some control measures were not in place to minimise risk in the centre.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

St Michaels House Technical Service Department have completed a full assessment and service on the identified piece of equipment in the designated centre and a carbon monoxide detector has now been installed in the kitchen area.

The PIC has also completed a risk assessment in relation to this piece of equipment.

Proposed Timescale: 18/05/2017

Theme: Effective Services

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

The service policy on infection control did not guide practice as it did not include the measures required to protect residents in the centre.

Risk assessments in place did not guide staff practice so as to ensure that residents, staff and visitors to the centre were protected.

3. 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 Clinical Nurse Specialist in Infection Control and the Head of the Medical Department of St Michaels House will review the organisation Policy on Infection Control

The PIC in consultation with the Clinical Nurse Specialist in Infection Control will develop a local operational procedure 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.

The PIC has reviewed and updated the risk assessment that will now guide staffs practice, so as to ensure that residents of the centre who may be at risk of a healthcare associated infection are protected by adopting these procedures and standard precautions.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Recommendations from an health and safety audit completed in the centre in 2015, which included fire safety recommendations had not been implemented, and had not been risk assessed to demonstrate how in the absence of the implementation of the recommendations, the potential risk had been minimised. For example, the audit recommended improvements in fire safety to include fire doors and additional fire sensors in the centre.

4. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

On foot of actions arising from internal fire reports that require capital funding in order to address, the registered provider has in place a systematic risk based approach to address environmental fire actions identified.

Proposed Timescale: 31/12/2017

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:

One prescribed cream and ear drops did not have the opening dates recorded on them.

5. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The Head of the Medical Department of St Michaels House has reviewed all medication administration sheets for the residents of the designated centre, including all prescribed medication.

All prescribed creams and ear drops now have opening and expiring date recorded on them.

Proposed Timescale: 18/05/2017

Theme: Health and Development

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

The times on the prescription sheet for some medications for one resident did not match the administration times recorded by staff every day.

6. 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:

The Head of the Medical Department of St Michaels House has reviewed and updated all medication administration sheets for the residents of the designated centre.

The PIC will continue to complete weekly audits of the residents Medication Administration Sheets.

Proposed Timescale: 18/05/2017