

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Le Cheile
Centre ID:	OSV-0005457
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Declan Carey
Support inspector(s):	Paul Pearson
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: 18 April 2017 09:20 To: 18 April 2017 17:00

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

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:

The purpose of the inspection was to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The previous inspection took place on 30th September 2016. This was the centre's first inspection while it was occupied by residents. The aim of this inspection was to ensure one appropriate measure in the area of risk management had taken place by the provider since the last inspection and to continue to ensure compliance in the quality and safety of service being delivered to the residents.

How we gathered our evidence:

Inspectors met with five staff members and interviewed four of them (both staff nurses and health care assistants) about the service being provided to the residents. Inspectors spoke with the person in charge and the clinical nurse manager at length throughout the course of this inspection. Inspectors also had the opportunity to spend time and speak with three residents during the course of this inspection.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, the contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The designated centre was a large detached bungalow located in a small town in Co. Westmeath. The building was fully wheelchair accessible and was finished to a high standard. The dwelling was previously refurbished and extended. The house was located alongside other houses with access to the local village and amenities.

The statement of purpose outlined the centre caters for male and female adult residents over the age of 18 years with intellectual disabilities and autism.

Overall Judgment of our Findings:

Staff and residents knew each other well and residents were observed to be relaxed in the company of staff. Residents told the inspectors that they enjoyed their life in the centre and that they were supported by the staff. This inspection found some areas of non-compliance with regulations.

Of the eight outcomes assessed; social care needs, premises and safeguarding were found to be fully compliant. Healthcare needs, governance and management and workforce were found to be substantially compliant.

However, inspectors found moderate non-compliances in the areas of risk management and medication management were identified during the course of this inspection.

These were further discussed in the main body of this report and in 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 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:

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and supported the residents to have valued social roles in the community.

The inspectors found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goals were being documented and a plan of action in place to support their achievement.

There was evidence that the residents and their representatives or families were involved in the assessments to identify residents' individual needs and choices. Inspectors found that residents' personal goals and social activities were regularly reviewed and progress was recorded. Residents, their families and staff were involved in the annual review of each personal plan. Multidisciplinary input was evident in the personal plans reviewed by the inspectors.

Inspectors observed that the residents had good access to the community. Two accessible vehicles were available to the residents for daily use which allowed a choice of activities for each resident. Staff informed inspectors that the residents had gone to the local village, shops and outdoor recreation areas in their new community during their transition into the centre.

Residents were supported when moving between services. Inspectors saw evidence of transition planning to ensure residents were informed about the planned move into this designated centre. Staff and residents had visited this centre on a number of occasions prior to moving to the designated centre.

While transition planning was evident and appropriate into this designated centre, some residents' personal plans outlined their address was another designated centre. This was a minor documentation issue and the person in charge outlined to inspectors this would be updated to reflect each resident's new address.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the premises during the inspection as this was the centre's first inspection while it was occupied by residents. The centre consisted of a refurbished and extended single storey dwelling with front and rear gardens. The house was located alongside other houses with access to the local village and amenities.

Inspectors found that the building had been designed to promote accessibility for everyone in the house. The building was designed for the current and future needs of any residents that lived there and the inspectors found it was completely assessable to those residents that used wheelchairs. Residents had access to two living rooms, a dining room and a well equipped kitchen.

Each resident had their own bedroom; two of these were en-suite. The inspectors found that the house was very much a home and was personalised to the residents' style and taste. There were pictures of the residents on the walls and each resident had pictures

of their loved ones and family members on display in their bedrooms.

There were a number of bathrooms in the house. There was a main bathroom with an accessible shower and bath. This room was equipped with a tracked hoist if a resident required it. One bedroom was also equipped with a tracked hoist as part of future planning for residents' needs.

The rear garden had a patio area, with garden furniture and a planted area. Staff informed inspectors that there were plans to grow a sensory garden in the near future. The pathways and driveway around the house were accessible and level. The lawns around the house were well maintained providing an even surface for residents to walk on.

There was adequate storage provided in the centre for residents' needs and separate storage areas for documentation. The storage arrangements for hoists were under review at the time of inspection. Staff informed inspectors that an alternative storage area for the hoists had been identified. Adequate arrangements were in place for the disposal of general and clinical waste as required.

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:

Overall there was good practice in the areas of health and safety and risk management. Some improvements were required in relation to records for the servicing of fire safety equipment and medical care plans and training in emergency evacuation procedures.

Inspectors reviewed policies and procedures in place for risk management, emergency planning and health and safety. There were procedures in place in the event of a resident going missing. There were procedures in place for the prevention and control of infection in the centre. Inspectors observed that hoists were stored in bathroom in the centre.

Staff in the centre were trained in the moving and handling of residents.

There was a risk management policy in place which was implemented throughout the centre. Inspectors reviewed the site specific risk register and found that there were

reasonable measures in place to prevent accidents.

Vehicles used to transport residents had a current certificate of roadworthiness.

Inspectors found that suitable fire equipment was provided in the centre. There was adequate means of escape and fire exits were unobstructed. Most staff were trained in fire evacuation procedures. The person in charge outlined they had not received training in site specific emergency evacuation procedures and outlined that they were not aware of the support residents would require in the event of an emergency evacuation. The person in charge outlined they would rely on the clinical nurse manager who was aware of emergency evacuation procedures and had received training in this area.

There was a procedure for the safe evacuation of residents and staff in the event of a fire. The mobility and cognitive understanding of the residents had been accounted for in the evacuation procedures. Inspectors reviewed records of fire drill occurring in the centre and found the evacuation procedures were adequate.

The centre was a recent build and fitted with fire doors. There was a fire detection and alarm system installed with emergency lighting throughout the building. However, there were no records to demonstrate that the fire equipment, emergency lighting or fire alarm system had been serviced as required.

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 inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre.

Residents who spoke to inspectors on the day of the inspection outlined they were happy living in the designated centre and identified staff who they could speak to, if they had any concerns. There was also accessible information for residents on display

on how to raise any concerns or complaints in the designated centre.

There was a policy on and procedures in place for safeguarding residents in the designated centre. A sample of files also informed the inspectors that all staff had training in the safeguarding of vulnerable adults.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Inspectors who spoke with staff were able to verbalise how best to support the intimate care needs of each resident living in the centre. There was also a policy in place for the provision of positive behavioural support.

Of a sample of files viewed, staff were trained in the management of behaviours of concern that included de-escalation and intervention techniques as required.

Of the staff spoken with by the inspectors, they were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to manage residents' assessed needs in line with policy, standard operating procedures and each resident's positive behavioural support plan.

For example, included in positive behavioural support plans were proactive strategies, minutes of positive behavioural support meetings, reactive strategy, list of triggers of behaviours of concern and these issues documented in residents' personal risk assessments. These issues were reviewed regularly with the input of staff from the designated centre and a multidisciplinary team, along with the input from residents' relatives.

There was a policy in place on the use of restrictive intervention for residents. Inspectors found restrictions were used in the centre as a safeguarding measure; all appropriate assessments were completed and reviewed at appropriate intervals. Where restrictions were in place these formed part of residents' positive behavioural support plans and restrictive intervention plan.

As required (p.r.n.) medicines were in use for some residents. Their use was documented in the positive behavioural support plans for some residents. The requirement for as required medicines was reviewed regularly by the multidisciplinary team and there were strict protocols in place for their administration. Of the staff spoken with the inspectors were satisfied that they were knowledgeable of the protocols guiding the administration of p.r.n. medicines.

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:

Inspectors found that residents' healthcare needs were met and residents were encouraged and supported to have positive health. However, some healthcare documentation required updating to reflect how best to support some residents with epilepsy.

Inspectors found that residents had access to their own local General Practitioner (GP) along with access to additional allied health care professionals such as occupational therapy, psychiatry, behavioural therapy, speech and language therapy, dietician services and physiotherapy. Inspectors found there to be preventative health promotion in the centre such as ensuring residents availed of annual flu vaccines and routine health screenings.

Residents had annual medical reviews, regular assessments from allied health professionals and where necessary further follow up as required. Inspectors found that residents were supported to attend appointments and follow up appointments.

Information and advice from allied healthcare professionals was included and incorporated into residents' care plans. Inspectors reviewed a sample of care plans for specific health issues and found them to be concise, up-to-date and guiding good practice. For example, residents' care plans began with a summary of the main health needs or issues relevant to each resident. There were specific care plans detailed for each healthcare need such as mobility, psychology, optical and dental. Inspectors found the staff team were monitoring certain aspects of daily living to ensure positive health and highlight any issues in a proactive way.

Inspectors spoke with staff in the centre were knowledgeable of each resident's care needs and any prescribed medication was carried by staff who accompanied the residents. Some care plans relating to residents who had epilepsy did not adequately inform the procedures to be followed for outings to the community. The care plans detailed the procedures to be followed for seizure management while in the centre but did not provide guidance on the requirement to carry prescribed medications or the availability of oxygen therapy outside the designated centre.

In general, the inspectors found that residents were supported with any identified health needs and supported by the staff team. Inspectors found some residents had no end of life care plans in place, within their own personal care plans. Staff outlined the process of discussing end of life care plans was still in progress with residents (where appropriate) and or their relatives. Staff outlined they were in the process of raising this issue informally with residents and relatives prior to annual personal care plans for residents being completed. Staff outlined this area of health care requires to be reviewed and was going to be prioritised as part of residents' next annual personal care plans.

Inspectors spoke with residents who said that they enjoyed the meals and food available in the centre. Some residents outlined they enjoyed different meals and a menu was on display in the designated centre on the day of inspection. Residents were aware of the meals available on the menu. Inspectors found a balanced diet was encouraged in the centre.

Judgment:

Substantially 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:

Inspectors found safe practices in relation to the ordering, prescribing, administering of medicine in the designated centre. However, inspectors found that the medicines management policies were not satisfactory and practices in relation to the storage of medicines as described by the staff required urgent review.

There was a medicines management policy in place in the centre. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

Inspectors found the storage of medicines required immediate attention as at times the practices in place were not safe or secure. Staff outlined medications were delivered to the centre on a weekly basis and stored in an unlocked office until 'checked in' by night staff.

There was a system in place to record any medication errors. The inspectors observed

that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. The inspectors observed that there had been no recent medication errors on record in the centre.

The staff regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspectors observed that all medications in use could be accounted for at all times.

Staff outlined medicine was administered by the nursing staff in the centre. Residents were assessed regarding their abilities to self-administer medicine, and inspectors found evidence all residents required assistance with safe administration of medication.

There were uniform documentation systems in place for the records related to prescribed drugs and their administration.

For example, all residents had a prescription record with individual medicine signed off by the prescribing doctor, and clear records were maintained regarding the administration of medicine by the nursing staff. Medicine was seen to be reviewed regularly by the prescribing doctor and the pharmacist.

Stock check and control measures were in place to monitor medicine coming in and out of the centre, and there was an adequate system in place to capture any errors should they occur across the cycle of medicines management.

The use of p.r.n (as required) medicine was monitored, with clear indication of the maximum dosage to be given in a 24 hour period. Emergency medicine for the response to epilepsy was carried with staff when supporting residents outside of the centre.

Judgment:

Non Compliant - Moderate

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:

This inspection found that the management structure in place in this centre required

review, as there was no clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

While the person in charge was not adequately engaged in the operational governance and management of the centre on a regular basis the inspectors observed that the care being provided to residents was of good quality, safe, dignified and appropriate.

The centre was managed by a suitably qualified, skilled and experienced person who was a clinical nurse manager. However, this person was not a person participating in management in the centre and was not the person in charge of the designated centre.

The person in charge was an assistant director of nursing who in accordance with the Statement of Purpose, was present in the designated centre three times per week. However, the person in charge outlined they were only present in the designated centre once per week.

The deputising person had responsibility for the management of other staff members and day to day operations of the designated centre.

From speaking with the person in charge at length over the course of the inspection, it was evident that they did not have in-depth knowledge of the individual needs and support requirements of each resident living in the centre. Residents could not identify who the person in charge was and identified the clinical nurse manager as the person in charge.

The person in charge was unaware of how many staff worked in the centre. Some staff members wrongly identified the designated officer for reporting safeguarding issues as the person in charge. This was a person participating in the management of the centre.

The person in charge outlined to inspectors that the system of governance and management did require review. At the time of this inspection, there was an application in progress by the person deputising to be appointed as the full time person in charge.

There was a number of qualified nursing staff and health care staff on duty in the centre and one of these would assume the role of shift leader in the absence of the clinical nurse manager. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual audit of the safety and care provided in the centre was completed on behalf of the provider by persons participating in management of the centre. The inspectors viewed a sample of this report and found it addressed issues such as risk management including a review of incidents. The inspectors observed the audit did not identify any issues in relation to operational governance and management of the centre on a regular basis.

The regional management team made announced visits and unannounced visits to the centre and undertook audits as part of their remit. Random internal audits were also carried out in the centre by the person in charge. These audits identified areas of compliance and non compliance. For example, the audits identified a number of issues

around minor financial management issues. The inspectors observed where an issue arose they were adequately addressed by the clinical nurse manager.

Staff informed inspectors that the storage of hoists in the bathrooms was highlighted in a recent audit. Inspectors reviewed the audit records which identified a plan for the appropriate storage of hoists in the centre.

The person in charge outlined she was committed to continuous professional development and was a qualified nurse. The person in charge outlined she did not participate in all training connected to the designated centre.

Throughout the course of the inspection the inspectors observed that residents were familiar with other staff members and appeared very comfortable in their presence.

Judgment:

Substantially 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 inspectors found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents.

There was a team of registered nurses and health care assistants working in the centre. The person in charge did not work on the roster for the designated centre. In the absence of the person in charge, there is a clinical nurse manager (a registered nurse) working within the service.

There was an actual and planned staff rota for the designated centre.

From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. The Inspectors spoke with two of the nursing staff and three health care assistants. Inspectors found staff to have a good knowledge of the residents needs and they spoke positively about the residents they supported. It was also observed that health care assistants held relevant qualifications in a health discipline.

The person in charge outlined all staff had been recruited, selected and vetted in accordance with best practice. However, inspectors reviewed a sample of staff files and found that records were not maintained and available in accordance with the Regulations. Information and documents outlined in Schedule 2 of the regulations were missing for a number of staff members and required to be updated. For example, two members of did not have a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and two members of staff had one written reference in their personnel files.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action, it was evident that they were competent to deliver the care and supports needs required by the residents.

A sample of staff supervision records informed the inspectors that the person in charge was not providing supervision, support and leadership to the entire staff team. Staff were supervised by the clinical nurse manager and in turn the clinical nurse manager was supervised by the person in charge. It was found overall the supervision process supported most staff in improving their practice and to keep up to date with any changes happening in the centre.

However, one health care assistant outlined they was not supervised on an appropriate basis and there was no documentation found on the day of inspection in relation this member of staff.

The inspectors spoke with staff and reviewed training records, and found that staff were offered training routinely to ensure they were adequately skilled to carry out their duties. Most staff had up to date training in the protection of vulnerable adults, fire safety and manual handling.

Judgment:
Substantially 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:

Declan Carey

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 Health Service Executive
Centre ID:	OSV-0005457
Date of Inspection:	18 April 2017
Date of response:	28 June 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 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:

There were no records for the periodic testing of the fire alarm and emergency lighting systems in the designated centre.

There were no records for the maintenance of fire equipment in the designated centre.

1. Action Required:

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

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Records for the periodic testing of fire equipment, fire alarm and emergency lighting systems will be maintained in the designated centre. Complete 21-04-17

Inspection certificates for the maintenance of all fire equipment will be retained in the designated centre. Complete 21-04-17

Proposed Timescale: 21/04/2017

Theme: Effective Services

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

Not all staff in the designated centre received training in site specific emergency evacuation procedures.

2. Action Required:

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

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

All staff inclusive of the person in charge will receive training in site specific emergency evacuation procedures. Complete 23-06-17

All staff will participate in a fire evacuation drill in the designated centre. Complete 23-06-17

Proposed Timescale: 23/06/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The epilepsy care plans did not adequately inform the care to be provided to residents who required emergency medication or oxygen therapy outside the designated centre.

3. Action Required:

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

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

A full review will be undertaken by the PIC of all epilepsy care plans in the designated centre. Complete 19-06-17

All epilepsy care plans will outline the procedures to be followed when supporting residents with epilepsy on outings to the community. Complete 20-06-17

Proposed Timescale: 20/06/2017

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:

The designated centre did not have appropriate and suitable practices relating to the storage of medicines.

4. 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:

A full review of practices relating to the storage and receipt of medications will be undertaken by the PIC in the designated centre. Complete 20-04-17

A protocol will be put in place to ensure the safe storage and receipt of medication in the designated centre. Complete 20-04-17

Proposed Timescale: 20/04/2017

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:

This inspection found that the management structure in place in this centre required review, as there was no clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

5. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service

provision.

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

There is an appointed CNM2 in place in the designated centre. There is a plan in place that the CNM2 will be the PIC in the centre. All PIC documentation outstanding regarding vetting disclosure will be progressed in relation to the CNM2. Timeframe - 31-07-2017

In the Interim the PIC /PPIM will visit the designated centre 1 day each week for a period of 4 Hrs. The CNM2 will communicate with the PIC/PPIM each day she is on duty. Complete 26-06-2017

There are 3 PPIM at ADON and RDON level who are available to the designated centre in the absence of the PIC. Complete 26-06-2017

There is a PPIM on duty and on call out of hours arrangement in place which is available to all staff. This Rota is circulated to the designated centre on a weekly basis. Complete 26-06-2017

The PIC will ensure that all staff are informed of the governance structure which is available in the designated centre. The governance structure will be revised and clearly identified in the Statement of purpose. Complete 26-06-2017

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Information and documents as specified in Schedule 2 were not present in the personnel files for some members of staff in the designated centre.

6. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

A full review will be carried out by the PIC on information and documentation outlined in Schedule 2 of the regulations.

All information and documentation outlined in Schedule 2 will be obtained for all staff in the designated centre.

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

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

One staff member had not been included in the formal supervision process.

7. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

A schedule for the supervision of all staff will be completed by the PIC and maintained in the designated centre. Complete 26-06-2017

All staff will be included in the supervision process. Complete 05-05-2017

Proposed Timescale: 26/06/2017