<table>
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<th>Kilfenora</th>
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<td>OSV-0002343</td>
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<td>Centre county:</td>
<td>Dublin 13</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Lead inspector:</td>
<td>Karina O'Sullivan</td>
</tr>
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<td>Support inspector(s):</td>
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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.
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: 16 November 2017 11:00  
To: 16 November 2017 19:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:
This was the second inspection of this designated centre. This inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

How we gathered our evidence:
As part of the inspection, the inspector visited the centre, met with all residents and spoke with three staff members and two family members. The inspector viewed documentation such as, support plans, recording logs and policies and procedures. Over the course of this inspection, residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities.

Description of the service:
This designated centre is operated by St Michael's House, a company registered as a
charity. St Michael's House is governed by voluntary board of directors to whom the CEO (Chief executive officer) reports. This centre is based in Dublin 13. Six residents lived in the centre at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose. The designated centre aimed to provide residential accommodation for male and female adults over the age of 18 with intellectual and physical disabilities, as outlined in the statement of purpose.

Overall judgments of our findings:
Twelve outcomes were inspected against, overall the inspector observed a high level of regulatory compliance. Six outcomes were found compliant and four outcomes were found substantially compliant with two outcomes found moderately non-compliant. Areas of improvement included, risk management, records and documentation.

The person in charge facilitated the inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector reviewed this outcome in relation to the non-compliance identified on the previous inspection. The inspector found the action had been achieved.

From speaking with residents and viewing residents files it was evident that residents were consulted with, and participated in, decisions about their care and the running of their home.

Residents had access to an advocacy services and information about their rights were available within their home should the need arise.

Resident’s privacy and dignity was respected. During the course of the inspection residents showed the inspector their bedrooms. From engaging with residents and speaking with staff members, the inspector formed a view that residents were consulted in relation to the layout and decoration of their bedrooms. Care was provided in a way that respected resident's privacy, as each resident had their own individual bedroom. Choice was provided in relation to activities in accordance to the preference and individual capacity of each resident.

Residents were made aware of the complaints procedure, the inspector viewed the complaints log, however, there was no complaints logged currently within the centre. Staff members spoken with were clear in relation to the process to be followed should a compliant arise while they were on duty.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents' social care needs were maintained to a high standard within this designated centre.

The inspector viewed three resident's social care plans, these were contained within an all about me document and reflected residents needs, interests and capacities.

Residents spoken with were aware of the social goals contained within their files and the level of progression achieved. These included community activities such as, train trips, horse ridding and meals out. Documentation was also evident in relation to the progression of goals set with residents.

The inspector found residents had the opportunities to participate in meaningful activities appropriate to their interests and preferences. Some residents discussed these activities with the inspector. Other residents provided the inspector with a tour of their home. This included identifying person-centred activities such as, sport memorabilia and photographs of important life events experienced with friends and family members.

Four residents attended a day service and two residents had retired. The inspector spoke with both residents in relation to this and discussed aspects of their day. Both residents informed the inspector that there were satisfied with their current level of social activities.

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 centre was suitable and safe for the number and needs of residents. Improvements were required in relation to fire containment and risk management.

The centre had an organisational risk management policy in place, which included the specific risks identified in regulation 26. The designated centre had a risk register, which recorded a number of risks within the house and the controls in place to address these. These included areas such as, lone working, accidental injury and clinical waste.

The inspector viewed local guidance for staff members to follow in the event of a missing resident, this was dated 09 September 2017. Staff members spoken with were familiar with the procedure.

The centre had infection prevention, and control procedures in place. The inspector observed personal protective equipment and hand hygiene facilities were available in the centre. The inspector identified the system in place in relation to the management of sharps required improvement as no tagging system was placed on the sharps container and sharps were also discarded within the medication disposal container.

The centre had a health and safety statement this was dated 2014. The responsibilities of the various staff members within the organisation were outlined. The statement referenced a wide range of policies and procedures which supported the statement and guided staff in their work practices. The designated centre had an emergency evacuation plan in place for a number of various events such as, fire, adverse weather conditions, flooding and power failure. However, overnight accommodation was not specified within the guidance for staff members in the event of a fire. The inspector also viewed individual resident's risk assessments in place, these included areas such as, mobility, medical conditions and fire.

The inspector viewed records of fire drills which demonstrated all residents evacuated the designated centre. Some residents were assessed with having the ability to remain in the designated centre for periods of time. The inspector viewed evidence of these residents safely evacuating the designated centre in the event of an emergency without staff being present.

Residents had PEEP's (personal emergency evacuation plans) in place to assist staff to safely evacuate all residents. The mobility and cognitive understanding for each resident was accounted for within their plan.

Fire containment measures required improvement within the centre in relation to the
placement of fire doors within the centre as evidence of the double door meeting the standards of a fire door was not present within the centre.

Certificates and documents were present to show the fire alarm, fire equipment and emergency lighting were serviced by an external company in 2017.

There was a system in place within the centre to record accidents and incidents to ensure preventative measures could be implemented in order to mitigate reoccurrences.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were measures in place to protect residents from being harmed or suffering abuse.

There was a policy in place to safeguard residents and protect them from abuse. There were systems in place for responding to incidents, allegations and suspicions of abuse.

There was also a policy in place for the provision of behavioural support and restrictive practice. A restraint-free environment was promoted as no chemical, environmental or physical restraint was not in place within this centre.

The inspector found staff members spoken with were clear in relation to the reporting structure in place should an allegation of abuse arise. Residents spoken with where also clear should they observe or experience aspects of service delivery in an inappropriate manner that they would report this to. Residents informed the inspector that they felt safe in the centre.

**Judgment:**
Compliant
### Outcome 09: 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 Services

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

**Findings:**
During the inspection, the inspector identified an incident which was required to be notified to the Chief Inspector. This was discussed with the person in charge on the day of inspection.

**Judgment:**
Substantially Compliant

### Outcome 10. General Welfare and Development

Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

**Theme:**
Health and Development

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

**Findings:**
The inspector reviewed this outcome in relation to the non-compliance identified on the previous inspection. The inspector found the action had been achieved.

From speaking with residents and staff members, the inspector determined that residents had opportunities for new experiences, social participation, education, training and employment in accordance with their wishes and preferences.

**Judgment:**
Compliant
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:**
Each resident was supported to achieve the best possible health. However, improvements were required in the information contained in resident's healthcare plans and the review process.

The inspector viewed three residents' assessments, these included both social and health assessments in eight areas. This included communication, social support, emotional wellbeing, general health, physical and intimate care support, safety, environment and rights. From these assessments an action plan was developed.

The inspector found, some healthcare assessments were not linked to resident's healthcare conditions despite a healthcare plan in place for the condition. This was identified and discussed with the person in charge on the day of inspection.

The inspector found the review process in place for areas identified required improvement to identify the effectiveness of the interventions implemented. The inspector did acknowledge reviews were taking place monthly, however, this was in relation to the support plan in place. The review did not identify what impact this plan was having on the resident's life.

The inspector viewed some epilepsy plans in place to guide staff members in effective delivery of care in relation to seizure management.

Residents had access to a G.P. (general practitioner), including phlebotomy tests as required for some residents due to medication prescribed.

Regarding food and nutrition the inspector found residents participating in mealtimes within the designated centre in accordance with residents' preferences in relation to food choices. Residents participated during mealtime preparation in accordance with their own preferences. Some residents informed the inspector they preferred to do other household activities within their homes instead and their preference was respected.

The inspector viewed user-friendly menu selection of refreshments and snacks were available for residents outside mealtimes within the designated 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:**
Residents were protected by the centres procedures on medication management.
Improvements were required to in relation to some PRN (a medicine only taken as the need arises) medicines.

The inspector identified the opening date was not present within one topical PRN medication within the centre.

The inspector viewed the medication records for four residents. Prescription and administration records were complete, for example, the name, dose and route of medications were documented. Residents' details were also specified and the general practitioner name was recorded.

Some PRN medicine did not have the maximum dosage stated to be administered within a 24 hour period.

The inspector also found some PRN medicine was shared between residents, this was not in accordance with the medication policy within the organisation.

Medications were administered by all staff within this designated centre once training was completed.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines.

Medication was supplied to the designated centre from a community pharmacy, medication was recorded when received.

There was a system in place for recording, reporting errors and reviewing medication. The inspector viewed incidents which occurred within the centre and found preventative measure were put in place to mitigate the risk of future reoccurrences. For example, two staff administered medication within the centre as a measure to prevent errors.

Risk assessments were completed for residents who managed the administration of their own medication in accordance with their wishes and preferences.

The inspector viewed an audit of stock balances of medication within the centre.
balances were checked and these were found to be accurate.

The inspector found the signature bank within the designated centre was completed.

**Judgment:**
Substantially Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found the statement of purpose did not fully meet the requirement of schedule 1 of the regulations in the following areas:

- the information set out in the certificate of registration was not contained within the document

- the arrangements in place for dealing with complaints was not reflective for the current process within the organization.

**Judgment:**
Substantially Compliant

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**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:**
There was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

There was an annual review of the quality and care completed in this designated centre dated December 2016.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. These reviewed the safety and quality of care and support provided in the designated centre.

The person in charge facilitated this inspection. From speaking with the person in charge at length over the course of the inspection it was evident they had an in-depth knowledge of the individual needs and support requirements of each resident. Each staff member spoken with was extremely complementary of the support provided to them from the person in charge. They all acknowledged how approachable and available this member of staff was when the need arose within the designated centre. The person in charge was supported in their role by a service manager. The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the designated centre and the remit of the Health Act (2007) and Regulations. Throughout the course of the inspection, the inspector observed residents knew the person in charge and were very comfortable in their communication with this member of staff. The person in charge worked on a full time basis within this designated centre.

The inspector viewed minutes of team meetings within the designated centre dated for 2016 and 2017. Areas discussed included policies relating to the designated centre health and safety issues were also discussed with outcomes of audits and other information relevant to the designated centre including dementia awareness information.

There was a schedule of audits available within the centre, the inspector viewed these along with action plans in place to address areas identified from the audits completed.

The person in charge met with the service manager to discuss areas relating to the designated centre the inspector viewed minutes of these meetings.

The person in charge also attended cluster meetings, this involved other designated centres within the same governance area of the service manager. The inspector viewed these meetings were areas discussed included organisational aspects of service provision and various reviews were discussed.

The inspector also viewed minutes of the service manager meeting with the director of services to disuses areas relating to the designated centre including residents' needs and staffing arrangements.
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:
There were appropriate staff numbers and skill mix in the designated centre to meet the assessed needs of residents and the safe delivery of services. Residents were found to receive continuity of care.

There were sufficient staff members with the right skills, qualifications and experience employed in the designated centre. Staffing levels took into account the statement of purpose and size and layout of the building. There was an actual and planned roster available in the centre at the time of inspection. Residents were observed to receive assistance, interventions and care in a respectful, timely and safe manner. On the day of inspection there was a vacancy of .5 of a staff members post. At the time of inspection this was being filled through regular relief staff and regular staff members taking on additional hours.

Staff spoken with demonstrated appropriate knowledge of the Regulations and Standards, and were supervised appropriate to their role. Formal supervision records for three members of staff were viewed by the inspector.

Staff training records were viewed and all mandatory training was found to have been completed and up to date. The person in charge confirmed that there were no volunteers employed in this designated centre.

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

**Findings:**
The inspector found that the designated centre did not have the current operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities Regulations 2013. For example, the policy in relation to resident's finance was dated 2012.

The inspector viewed the directory of residents and found this document did not contain all the information as specified in Schedule 3. The date of admission and the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre and the level of disability was not contained within the document.

**Judgment:**
Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>16 November 2017</td>
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<td>Date of response:</td>
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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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The systems in place in the designated centre for responding to emergencies required review to ensure staff were guided effectively in relation to overnight accommodation.

1. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
The system in place has been updated by the PIC to clearly identify what actions should be taken in the event of an emergency evacuation from the centre. The system is clear and guides staff on the actions to be taken to ensure suitable over night accommodation for all residents.

Proposed Timescale: 19/02/2018
Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The system in place in relation to the management of sharps required improvement, as no tagging system was placed on the sharps container and sharps were also discarded within the medication disposal container.

2. 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:
New sharps container with tagging is in place and is clearly identifiable.

Proposed Timescale: 19/02/2018
Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for fire containment required review in terms of the placement of fire doors within the centre.

3. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
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. It has identified this as a high priority action, the timeline for completion set against this is 3-6months.
Proposed Timescale: 19/08/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An incident occurred where a resident required hospital treatment which was not notified to the Chief Inspector within 3 working days of the occurrence in the designated centre.

4. Action Required:
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

Please state the actions you have taken or are planning to take:
NF03 submitted to the Authority in respect of the injury identified.

Going forward all instances relating the a serious injury to a resident requiring hospitalisation will be notified to the Authority as per regulation 31 (1)(d)

Proposed Timescale: 19/02/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A. Some healthcare assessments were not linked to their healthcare plan.
B. The review process in place for areas identified required improvement to identify the effectiveness of the interventions implemented.

5. 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:
All healthcare plans are now linked to relevant assessments.
All healthcare plans will be reviewed and evaluated regularly by the key worker / PIC and relevant members of the allied healthcare team. Actions arising from reviews will have specified timelines for completion.
**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:**
Appropriate and suitable practices relating to the administration of PRN medicines required improvement in the following areas:

A. The opening date was not present within one topical PRN medication within the centre.

B. Some PRN medicine did not have the maximum dosage stated to be administered within a 24 hour period.

C. The inspector also found some PRN medicine was shared between resident's this was not in accordance with the medication policy within the organisation.

**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:**
All open PRN medications have the date and time they are opened written on the packaging. To ensure medications are disposed of in accordance with expiry information.

All PRN medications identified on Medication prescription sheets have identified maximum dosages that can be given in a 24hr timeframe.

PRN medications are not shared among residents. All residents have an identified stock of all relevant PRN medications as stipulated on their medication prescription sheet.

**Proposed Timescale:** 19/02/2018

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not fully meet the requirement of schedule 1 of the regulations.
7. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been updated by the PIC to fully meet the requirement of schedule 1

Proposed Timescale: 19/02/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some of the current written policies and procedures within the organization as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not available within the designated centre for staff members.

8. Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
All policies and procedures set out in schedule 5 are available for review in the designated centre.

Proposed Timescale: 19/02/2018

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The directory of residents present on the day of inspection did not include all of the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

9. Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care
and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The directory of residents has been updated to reflect all information specified in paragraph (3) of Schedule 3

**Proposed Timescale:** 19/02/2018