Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Beauvale
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	26 April 2018
Centre ID:	OSV-0002354
Fieldwork ID:	MON-0023728

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Beauvale is a six bed community based residential home providing a nurse led service to seven residents. This service promotes good health and encourages community integration. Beauvale consists of a large six bed two-storey house. The house has two sitting rooms, a kitchen/dining area, three shower rooms and two bathrooms and one of which is wheelchair accessible. One of the bedrooms is located in flat to the side of the house. All residents have their own bedroom and reflect the residents personal taste. Beauvale is located close to community amenities e.g. hospital, health centre, local shops, church, clubs and pubs. The residents in Beauvale have been allocated a key worker and this ensures that all residents have individualised support plans which will develop and encourage their skills and participation in the community.

The following information outlines some additional data on this centre.

Current registration end date:	29/10/2018
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
26 April 2018	09:00hrs to 17:00hrs	Thelma O'Neill	Lead
26 April 2018	09:00hrs to 17:00hrs	Paul Pearson	Support

Views of people who use the service

The inspectors met with the six residents living in this centre on the day of the inspection. Two residents showed inspectors around the centre. The residents told the inspectors they were very happy living in this service, and staff were good to them. The residents also told the inspectors that they attended work during the week, however, they were on a day off work on the day of inspection. The inspectors observed other residents being supported by staff to attend their work placements and visit the local shops and amenities on the day of inspection.

Capacity and capability

Inspectors found the provider's capacity and capability to deliver a safe quality service was impacted by the poor governance and management arrangements in place in Beauvale designated centre and required significant improvement. The inspectors found breaches in 13 of the 18 regulations inspected. Significant failings were found in fire safety, governance and management, positive behaviour support, protection, risk management, and healthcare.

There were seven residents receiving a residential service in Beauvale service, two residents had a shared placement and all residents were of various ages and abilities and required nursing care. Inspectors found that staff were very attentive towards the residents and very familiar with their needs. Staff told inspectors that one resident received an individualised service due to behaviours of concern as they frequently participated in self injurious behaviour and aggressive or threatening behaviour towards the other residents and staff in the centre. Inspectors confirmed that the management team were aware of the peer to peer safeguarding incidents, but had not ensured the safety procedures in place were effective, and had not assessed the suitability or compatibility of the residents living in this centre together, following the safeguarding concern being identified.

Inspectors found there were inadequate arrangements in place to address previously identified fire risks and overall their fire safety management was not sufficently robust ensuring residents were protected from potential risk of fire. The provider failed to put adequate measures in place to address two fire risk assessments completed by a fire officer in 2016 and 2018 which identified significant fire safety risks in the centre. On the day of the inspection, inspectors found serious evacuation risks that had been identified during a night time fire drill in July 2017 that had not been addressed by the provider.

As a result of the serious risks posed to residents and staff in the centre, inspectors

issued two urgent actions to the provider requiring them to review and manage the fire safety risks in the centre. A response was received from the provider giving assurances that the fire safety risks would be addressed and outlined the actions taken to immediately address these fire risks. Inspectors found a number of other breaches of the fire regulations and the inspector also relayed these issues to the provider representatives on the day of inspection.

Inspectors found the operational system in place for the management of risks in this centre was also not effective. The person in charge could not assess incident reports stored on the organisations computerised Information system (IT) and this prevented them from reviewing or managing hazards or identifying pattern of risks in the centre. Furthermore, access to these reports were not available for inspectors to review during the inspection and therefore inspectors could not assess the full level of risk in this centre.

Inspectors found evidence that the person in charge had not submitted notifications to the Health Information and Quality Authority (HIQA) as required by the regulations, and the person in charge was advised that a retrospective review of all accidents and incidents was required and any notification not submitted must be forwarded to HIQA.

Inspectors found that residents' health conditions were not effectively managed, putting the resident's health at risk. In one case viewed inspectors found that one resident had not been referred to their general practitioner or diabetic clinic for a review, despite frequent recording of unstable blood sugar levels recorded in the residents notes. In addition, the diabetes protocol in place did not guide staff to implement the current diabetes management plan prescribed by the General Practitioner.

The provider had completed quality assurance reports for Beauvale services such as, the annual review and the six-monthly unannounced audit of the quality of care and service provision in this centre. Inspectors found that while these quality assurance reports had identified areas where good practices were present, they failed to identify where significant improvement was required, or did not identify actions to manage serious risks in the service.

The inspectors found that there was not adequate staff resources in the centre to ensure all residents received the staffing support required for protection, risk management, positive behaviour support, social activities and community integration. In addition, all staff had not received all of the mandatory training in safe moving and handling procedures, safe medication management, management of diabetes and epilepsy. In addition, to the above the provider had failed to complete a staff training analysis to identify staff training requirements in infection control management and risk management procedures.

Inspectors found compliance with the regulations in the areas of complaints management, Schedule 2 documents and most of the actions from the last inspection in 05 August 2015 were complete.

Regulation 14: Persons in charge

The person in charge worked full-time in this centre and had the educational and management qualifications required for the post.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there was not adequate staff resources in the centre to ensure all residents received the required staffing support for protection, fire safety, and social activities.

One resident receiving an individualised service was assessed as requiring 2:1 staffing; however, the staffing allocation was not consistently available and the second staff member was being provided from the existing staff team. This was impacting on the staff support available to the other five residents and reduced the staff availability to support the residents and participate in social or community opportunities in the local area.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge did not demonstrate that all staff had received the mandatory staff training required to meet the needs of the residents in this centre. Staff training was outstanding in the safe administration of medication and safe moving and handling. The number of staff trained in the management of epilepsy and diabetes care was unclear from the training records available on the day of inspection.

Judgment: Not compliant

Regulation 23: Governance and management

1. The provider did not have adequate systems in place to ensure there were robust governance and management arrangements in place for the safety of all residents,

staff and visitors to this centre.

2. The management team had implemented quality assurance systems to audit compliance with the regulations, but failed to ensure audits such as, the six-monthly unannounced audits and the annual review of the service, were effective in identifying or managing the risks in the centre.

3. The person in charge did not ensure that there were appropriate post incident reviews or analysis of frequent incidents completed in the centre. There was no evidence that the system in place ensured that provider was aware of the escalating risks in the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose accurately described the designated centre's aims and objectives and the services provided, including how and where they are provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge did not disclose to the Chief Inspector at the end of each quarter all injuries that had occurred to residents in the designated centre. Inspectors found the person in charge did not have access to closed accident and incident reports to ensure all notifications were submitted to HIQA as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

Inspectors reviewed the complaints procedures in the centre. There was a policy in place that outlined the steps to be followed when handling a complaint and an external review and appeals process was also outlined in the complaints policy. At the time of the inspection there were no open complaints and all complaints had been closed with a note of action taken to resolve the complaint maintained

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had organisational policies and procedures as set out in Schedule 5 of the regulations; however, they failed to implement some of these policies in the centre such as; risk management, safeguarding and safety and infection control.

Judgment: Substantially compliant

Quality and safety

Inspectors found the quality and safety of the service provided in this designated centre needed significant improvement in order to reduce the risk of harm to both the residents and staff working in the centre. In addition, inspectors found that the provider had failed to ensure that the organisational policies and procedures were implemented fully in the centre and that clinical practice was effective and in line with best practice.

During the inspection, inspectors found non-compliance in areas such as; fire safety management, protection, risk management and healthcare management. These risks were compounded by the inadequate management of staffing resources, positive behaviour support and the management of medical conditions such as diabetes and epilepsy and infection control.

Inspectors found that St Michael's house had put some measures in place to protect residents from peer to peer abuse in this centre, but they had not taken adequate measures to review the risks of aggression and violence posed by one resident, and the impact this risk was having on the other five residents living in the centre. They also failed to ensure that residents living in this centre felt safe. Inspectors observed staff asking residents to leave the kitchen during their meal for their own protection.

Inspectors found that risk management had not been effectively implemented or managed in this centre. The centre had a risk register in place to identify and escalate the level of risks in this centre to the senior management team; however, the significant risks identified by inspectors were not identified on the centre's risk register.

The inspector found that although this was a nurse led service and the residents had access to a general practitioner and other allied health care professionals; as required, some residents' healthcare needs were not being appropriately met to ensure best possible health. A review of the management or residents' health conditions such as diabetes and epilepsy found that the management of

these conditions was not in line with national best practice and required review by the appropriate members of the multidisciplinary teams. Furthermore, inspectors found the administration of medication to some residents required review as it was not in line with best practice for diabetes management.

Regulation 13: General welfare and development

Educational, training and employment opportunities were made available to six of the sevens adults that use this service. Six residents attend training or educational opportunities in a variety of different day services, and one resident received an individualised service from their home.

Judgment: Compliant

Regulation 17: Premises

Improvements were required in relation to the premises. There was cracked and chipped tiles in one bathroom, rust on the assistance rails fitted in the toilet, the paint on the stair hands rails was chipped and worn away in places. Due to wear and tear, other rooms in the centre required a fresh coat of paint and minor surface repairs.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were poor risk management systems in place in this centre that failed to ensure hazards or incidents of concern that had occurred in the centre had been appropriately risk assessed, or managed in line with the organisations' risk management policy.

Inspectors found evidence that there had been frequent incidents of assaults and violence by a resident towards their peers and staff members and these incidents were not risk assessed or placed on the organisational risk register in the centre.

There was no effective system for investigating and learning from all incidents and accidents in the centre and staff did not have training in risk management or infection control management.

Judgment: Not compliant

Regulation 27: Protection against infection

Medical oxygen was prescribed for a number of residents in the centre. Inspectors observed that there was only one oxygen mask in the centre, this was not sterile and was stored in a unsterile plastic bag. The inspectors found staff working in this centre did not have training in infection control management. This was a risk as staff working in this centre were exposed to acquired infections.

The provider had implemented cleaning checklist in response to an action from the previous inspection. Inspectors reviewed cleaning checklists for a number of months preceding the inspection; these were not completed as required.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety arrangements in the centre did not ensure the safety of the residents in the event of an emergency evacuation.

A recent fire safety report on the centre identified that:

1. Fire doors fitted to bedrooms did not meet the specification required for fire containment in the centre.

2. There was an absence of cold smoke seals on doors.

3. Automatic door closing devises were not fitted to the kitchen door or the door separating the apartment from the main house.

4. The emergency evacuation plan for the centre did not adequately identify the actions required where residents would not cooperate to evacuate in an emergency. Two of the residents who slept upstairs could not use the chair lift installed on the stairs in the event of an emergency. The chair lift rail on the stairs also restricted residents egress down the stairs. This resulted in the evacuation plan dictated that these people would be evacuated last from the centre, by the firefighters, however with no certified fire doors in place there was no safe place of refuge for these residents.

5. A third resident was found not to cooperate with staff during the fire evacuate drill and no action was taken to address this, in addition, no measures were identified on their personal evacuation plans advising staff how to evacuate

this resident effectively safely.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The management of diabetes in this centre was not in line with the residents care plan. Inspectors found a resident suffering from unstable insulin dependent diabetes was being given chocolate three times a day as an incentive to take medication. This was not in line with the resident's diabetes management plan and records showed the residents blood sugar levels were excessively high on a regular and consistent basis.

There was no equipment available in the centre to monitor resident’s blood oxygen saturation levels for residents that were prescribed oxygen therapy. The lack of equipment to administer emergency medical oxygen and to monitor oxygen levels posed a risk to the residents who required this intervention.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

A individualised assessment of residents' health care needs was completed for all residents and an action plan was in place for most residents. However,
two residents were identified as being a high falls risks on the stairs, but there was no action plan in place to effectively manage the risk. In particular, no action was taken to address the unsuitability of the designated centre for the purpose of meeting the needs of each resident.

Judgment: Not compliant

Regulation 6: Health care

Residents' healthcare needs were being attended to by qualified nursing staff in this centre, however, inspectors found the management of a resident's diabetes required improvement. The resident's diabetic management plan did not reflect the general practitioners prescription, which resulted in unstable blood glucose levels and the resident had not been referred to the multidisciplinary team for review.

Judgment: Not compliant

Regulation 7: Positive behavioural support

1. The registered provider did not ensure that the positive behaviour support management plan in place for one resident was effective in protecting all residents and staff members in the centre.

2. The registered provider did not ensure that therapeutic reviews were implemented by appropriate health professionals following incidents of concern, or as part of the residents' annual review process.

3. The provider did not ensure the staffing control measures in place to manage behaviours of concern were effectively maintained in the centre.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had not protected residents from all forms of abuse in this centre. Inspectors found five residents had safeguarding plans which identified they were at risk of physical, psychological and intimidating behaviour on a daily basis from a peer living in this centre.

Inspectors found that there was not adequate investigations or safeguarding reviews completed following these incidents, to ensure the safety of the residents and staff working in this centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Beauvale OSV-0002354

Inspection ID: MON-0023728

Date of inspection: 26/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Organization has in place a procedure to ensure that the recruitment of staff is appropriate to the number and assessed needs of the residents in the designated centre. • The successful recruitment of staff to fill the vacancy in the individualized day service provision was completed and the successful candidate are due to commence post on the 30/6/2018 • Roster review was completed by the person in Charge to ensure the provision of consistent staffing with suitably qualified staff. • Relevant and up to date Documentation on all staff is kept within the HR department and available to review on request.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Comprehensive recording system is now in place for the tracking of mandatory training needs and where, identified training sourced within specified timeframes. • All staff are supported to maintain their competencies through professional development. • The PIC has scheduled supervision meetings with staff on a quarterly basis. through this process training needs are identified and sourced. • All staff have been linked to HSE land, and briefing has been arranged by the Health and Medical Trainer for 20/07/2018. • A Training Needs Analysis will be completed by each staff member by 20/07/2018 • A Briefing by Nurse Manager on Call in the management of Diabetes and a development of a comprehensive support plan was completed on 6/6/2018 • Systems are now in place to track communications with specified health care	

professionals in the development of support plans based around identified needs.

- Staff member completed Safe Administration of medication refresher on 17/05/2018 Epilepsy briefing is incorporated in this training
- All staff have completed training in Oxygen therapy on HSEland, certificate is available on site.
- Briefing by Infection control CNSp has been arranged for the 20/07/2018 on the maintenance of oxygen equipment.
- All staff have received training in the safe moving and handling.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The Organization has in place a procedure to ensure that the recruitment of staff is appropriate to the number and assessed needs of the residents in the designated centre.
- The successful recruitment of staff to fill the vacancy in the individualized day service provision was completed and the staff member will commence in post on the 30/6/2018
- There is a clear management structure in place in the designated centre
- Monthly data sheets are completed every 4 weeks and submitted to Service Manager for discussion at the support meetings, this process will ensure the effective communication of all concerns, actions and escalation if warranted.
- Monthly meetings have been scheduled with Service Manager and PIC
- An annual review of quality & safety of the centre was completed for Jan - Dec 2017 and both residents and families were consulted in this process.
- Two six monthly unannounced visits are completed annually for the centre. These will now include identification of risk and management of same. A copy of these reports are available to residents and families.
- The PIC has scheduled staff support meetings four weekly on the house roster.
- Clear auditing systems have been established to ensure effective service delivery and these are reviewed monthly by the PIC and the Service Manger to ensure effective comprehensive service delivery.
- A review of all safeguarding support plans has been completed incorporating discussion with residents.
- An accident and incident tracker has been developed to identify trends, appropriate actions and establish timeframes for redress.
- Management systems are now in place to ensure the service is safe and appropriate to residents needs, through consistent and effective monitoring and where needed escalated to senior management

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Outstanding notification of Non serious injury to resident through SIB has been submitted to the authority retrospectively on the 27/4/2018

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- The registered provider has prepared and implemented policies and procedures on the matters set out in Schedule 5 of the regulations. All policies and procedures as appropriate are in line with and under pinned by HSE policies and procedures. These are now available in the designated centre to all staff.
- The PIC has arranged a meeting with staff on 18/06/2018 to discuss the implementation of policies & procedures.
- A Retrospective submission of outstanding notification through Quarterly Notifications was submitted to the authority on 27/04/2018.
- A review of infection control protocols was completed on the 24/05/2018 and an staff nurse has been appointed to ensure best practice in the delivery of service within a nursing model of care.
- All risk assessments were reviewed and proportionate risk allocation reflected on risk register.
- Escalation of risk to senior management, will now be evidenced through monthly data reports to the Service Manager and effective auditing systems applied.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The registered provider will ensure that the designated centre is in a good state of repair internally and externally.
- Cracked and chipped tiles have been replaced 21/06/2018
- Assistive rails have been ordered and will be installed in the bathroom on 21/06/2018
- Painting and redecorating of the centre has been approved and will be completed on the 30/6/2018

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The organisation has in place a risk management policy
- All staff are trained in the management of risk
- The PIC will ensure all monthly Safety audits are carried out within the first week of the month, and actions identified and completed where possible within that calendar month. Follow up discussion with Service Manager to ensure escalation where needed.
- Monthly Hazard Inspections and findings identified will be discussed at staff meetings.

- Medication Audits are now completed monthly
- Fire Audits are now completed following evacuation drills
- Accident and incident tracker{ to establish trends and action accordingly} are now in place in the centre.
- Risk management and emergency planning will be a fixed topic on staff meetings from 24/05/2018
- Residents meetings will have health and safety as fixed item on weekly agenda form 7/06/2018
- All risks will now be included on house Risk Register quarterly. Submission of Monthly data sheets to Service Manager will ensure appropriate risk escalation otherwise.
- Overview of the Infection control policy was discussed at staff meeting 24/05/2018

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- A briefing of staff has been arranged by Infection control CNSp on infection control requirements in residential based nursing care setting for 20/07/2018
- General oxygen equipment where shared now has individualized oxygen masks in ziplock bags with residents name clearly identifiable
- Cleaning roster has been reviewed and now will include cleaning of all general medical equipment
- PIC to check cleaning roster weekly and discuss with each staff member at their support meetings
- Hazard Inspection sheets are completed by the PIC on a monthly basis and reviewed by Service Manager
- All staff have completed Oxygen management therapy on HSELand and certificates are held onsite

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- There is a fire detection and alarm system in the designated centre to enable staff to quickly determine the source of the alarm.
- There is a fire procedure in place for the designated centre.
- Staff have received Fire Training and refresher training has been completed in the designated centre on the 22/5/2018. 12 staff have attended and one outstanding staff will have completed by the 30/7/2018
- 3 night-time fire evacuation drills have been completed on the 27th April, 30th April & 2nd May 2018. Comparison of these show a significant reduction in the evacuation times for residents.
- One resident bedroom has been relocated down stairs.
- All residents can now evacuate within acceptable time frame.

- A programme of desensitisation is being implemented to enable one resident to evacuate within acceptable time frames.
- All Personal Evacuation Plans have been reviewed in light of the changes to present evacuation procedure and reflect the current needs of the residents.
- Cold smoke seals have been installed to all doors in the centre 2/5/2018
- Automatic door closing device was fitted to the kitchen doors, same was connected to the fire alarm 9/5/2018
- Automatic door closing devise to be installed to final door separating apartment from the main house 20/6/2018

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The Organization has a policy & procedure in place for the Safe administration of Medication, which is underpinned by national policy.
- This policy guide practices relating to the management of medication.... ordering/ receipt/ prescribing/ storing/disposal and administration of medication is in line with best practice.
- The Organisation ensure that all staff are provided with training in the safe administration of medication.
- Diabetes management and further development of comprehensive diabetic monitoring and support plan are now in place.
- A briefing by Nurse Manager on call on diabetes management has been arranged for 20/07/2018
- All BSL records for resident are sent to Diabetic Clinic in Beaumont every 2 weeks for review of insulin regimes.
- PIC will link with family to discuss Dietetic requirements for Diabetes management 12/06/2018
- Health and Medical Trainer to give briefing to all staff on the development of Diabetic protocol and medication administration on the 20/7/2018.
- Pulse oxymeter purchased on the 26/5/2018 to determine oxygen saturation levels

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- All residents have a comprehensive personal plans in place outlining their needs and supports in accordance with their wishes.
- All residents are involved in the person centered planning process and an annual wellbeing review meeting takes place with the involvement of MDT team as appropriate the resident is supported to attend this meeting.
- All residents living in the designated centre have a comprehensive assessment of need which is reviewed annually or as required with multi disciplinary input as

appropriate, this assessment allows for discussion around all aspects of their support needs and determination of suitability of environment.
- One resident bedroom has been relocated down stairs.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- All residents have now a comprehensive health assessment of their current health care needs. These will be reviewed and evaluated in line with best practice.
- Personal Plans are in place for each identified need will be reviewed and amended to incorporate healthcare professional inputs.
- PIC in conjunction with Diabetic Day Clinic Beaumont will link with family to discuss the need for consistent approach to residents diabetes management, 12/06/2018
- All correspondence with health care professionals are documented and available for review on site
- Staff scheduled for refresher training on challenging behavior 6 staff completed on the 6/6/2018 and the remaining team to have completed by the 24/07/2018

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Review of PBSP for one resident was compelted 7/6/2018 , consistent monitoring and recording of all incidents relating to Challenging behavior will inform their behavioral support plan.
- Accident and incident tracker is now in place to identify trends, and link with specialist to determine best course of action.
- A review of all accidents and incidents on the tracker will be discussed at each staff meeting and debriefing of staff post incidents will be completed by PIC.
- Autism training for all staff has been confirmed for 16/8/2018

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- New system that identify the frequency and trends in relation to accident and incident tracking has been put in place 27/04/2018
- This system will be discussed at each staff meeting.
- Monthly meetings with PIC and Service Manager to review and action where required more intensive supports
- Challenging behavior will be assessed quarterly based upon behavioral presentation in the three months previously, and allocated a risk rating proportionate to that presentation.
- A local guideline for safety and protection of residents during incidents of

behaviors that challenge was put in place 7/6/2018.

- A review of PBSP for one resident was compelted 7/6/2018.
- Review of Individual safeguarding plan for safety and protection of each residents was completed 7/6/2018.
- The agenda for residents meetings will now reflect discussion in relation to their safety

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/6/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	20/7/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	21/06/2018

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/6/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	range	30/06/2018
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	20/07/2018
Regulation 26(1)(e)	The registered provider shall	Not Compliant	Orange	20/07/2018

	ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Red	01 June 2018
Regulation 27	The registered provider shall 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	Not Compliant	Orange	20/7/2018

	associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	01 June 2018
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	01 May 2018
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	20/06/2018
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	01 June 2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	01 June 2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre	Not Compliant	Red	01 May 2018

	and bringing them to safe locations.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/5/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	20/7/2018
Regulation 31(3)(c)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Not Compliant	Orange	27/04/2018

	relation to and of the following incidents occurring in the designated centre: where there is a recurring pattern of theft or burglary.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	18/06/2018
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	30/4/2018
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/05/2018
Regulation 06(1)	The registered provider shall provide	Not Compliant	Orange	24/07/2018

	appropriate health care for each resident, having regard to that resident's personal plan.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	7/6/2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	7/6/2018