

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Coolnevaun
<b>Centre ID:</b>	OSV-0002879
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Naoise Hughes
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	Michael Keating
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	1

## **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:

02 March 2017 07:30

To:

02 March 2017 17:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
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.

This was the second inspection of the designated centre. The centre had previously been inspected in July 2014. The purpose of the inspection was to monitor ongoing regulatory compliance and nine outcomes were inspected against.

How the inspectors gathered evidence.

The inspection took place over one day and was facilitated by the person in charge and by a clinical nurse manager. The inspector observed practices such as the provision of meals and nutrition. The inspectors spoke to three staff members and interviewed a further two staff members. Documentation such as incident logs, risk assessments, fire safety records, personal plans, policies and procedures and the statement of purpose were also reviewed.

Description of the service.

The centre accommodated male and female residents. There were eight residents residing in the centre and one vacancy on the day of inspection. Most residents lived in the centre on a full time basis and one placement was used for respite services. The centre was located on a small campus in a suburban town. The residents availed of local community facilities and a centre bus was provided. The centre had produced

a statement of purpose which outlined the aim of the service was to provide a residential service for residents with significant physical and medical needs including dementia care and palliative care through person centred care and the promotion of community participation. The statement of purpose also specified respite services for one resident could be catered for in the centre. The inspectors found overall the aims of the centre as specified in the statement of purpose were met and residents were provided with a good standard of care and support in accordance with their needs. Some improvement was required to ensure the criteria for admission of residents to the centre for respite services was transparent.

Overall judgement of findings.

The inspectors found residents were provided with a good standard of care and support and the centre was in compliance or substantial compliance in six of the nine outcomes inspected against. Residents' needs had been assessed and plans were implemented relevant to residents' social, health and personal needs. Residents were facilitated to access meaningful activities in the centre and the community, taking into account residents' wellbeing when planning activities. Sufficient staff was provided to meet the needs of the residents and residents had access to timely healthcare services.

Moderate non compliances were identified in three outcomes as follows:

- Outcome 1 - relating to admissions and some practices in the centre compromising residents' privacy and dignity,
- Outcome 4 - relating to admissions to the centre for the purposes of respite care,
- Outcome 7 - relating to some fire precautions, infection control precautions, incident management and risk management.

These findings are discussed in the body of the report and the regulations which are not been met in the action plan at the end of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

**Findings:**

The inspectors found arrangements to ensure residents privacy and dignity was upheld required improvement.

The inspectors found all bedroom doors were wedged open, the purpose of which was outlined by staff as required for monitoring purposes. However, the inspectors were not assured these arrangements were appropriately assessed based on the needs of the residents and residents' right to privacy had not been considered. In addition, the inspectors identified noise levels, on the morning of the inspection had potentially impacted on the sleep pattern of a resident. Staff on duty overnight identified this noise level had been an issue for approximately four hours during the night time period.

The inspectors found the arrangement to provide respite services to younger adults not to be appropriate at times, and the privacy and dignity of residents had the potential to be compromised. The centre catered for adults with dementia and also residents requiring palliative care, however, the inspectors identified that at times, when end of life care was being provided, young adults were also availing of respite services. This was discussed with the person in charge who also identified this was an unsuitable arrangement. The person in charge had made the provider nominee aware of this issue in August 2016. While the person in charge outlined plans to move this respite service to an adjoining designated centre, the inspectors were not assured this plan was achievable, given the evidence of non compliance which had been identified on inspection of the adjoining designated centre.

Not all aspects of this outcome were inspected against.

**Judgment:**

Non Compliant - Moderate

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

**Findings:**

The inspectors found the admission practices in the centre were not transparent and were not appropriate given the profile of residents' needs. Written agreements were in place for resident availing of respite services.

The inspectors reviewed the statement of purpose which detailed inclusion and exclusion criteria for admission of residents to the centre for residential placement. This criteria specified residents under the age of 30 could not be admitted to the centre for permanent placement however, the inspectors found this was not the practice in relation to residents availing of respite services in the centre. As previously discussed, the person in charge had made the provider nominee aware that given the needs of the residents permanently residing in the centre, and of those resident availing of respite services, this arrangement was not appropriate.

The inspector reviewed two written agreements for residents availing of respite services. These written agreements outlined the services to be provided and agreements were signed by residents' representatives. There were no charges for residents availing of respite services in the centre.

Not all aspects of this outcome were inspected against.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspectors found residents' needs were met by a good standard of care and support. Residents' needs had been assessed and personal plans were developed outlining the interventions in place to meet these identified needs.

Residents' health, social and personal needs had been assessed. Health care assessments had been completed by a registered nurse and social care assessments outlined residents' preferences of meaningful activities. The inspectors found the views of residents' representatives had been sought in order to identify residents' preferences. Personal plans were developed for residents' identified needs, for example, endocrinology plans, neurological plans and mobility plans. Health care plans were informed by assessments by relevant multidisciplinary team members, as well as external health care professionals. The inspectors found plans were comprehensive and guided practice in the delivery of care.

Social care plans were developed and consisted of an activity plan for each resident based of their assessed preferences. Social care plans were implemented, for example, residents availed of reflexology sessions on a weekly basis, some residents attended a local community social group and residents accessed local restaurants and shopping facilities. Activities such as massage, multisensory sessions, baking and music sessions were facilitated in the centre. One resident attended day services five days a week. A centre bus was provided to facilitate community activities.

Personal plans were reviewed a minimum of annually or as needs changed. Evidence was available that families were kept up-to-date on residents' wellbeing, for example, staff maintained phone contact with a family member to inform them of the resident's wellbeing. Minutes of multidisciplinary team meetings confirmed families had attended and contributed to reviews. In addition, there were regular reviews by the multidisciplinary team members.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found the health and safety of residents, visitors and staff was not consistently promoted and improvements were required in fire precautions, infection control, risk management and incident management.

Suitable fire equipment was provided throughout the centre including a fire alarm, break glass units, emergency lighting, fire extinguishers and a fire blanket. Fire doors were fitted throughout the centre however, most fire doors in the centre were found to be wedged open, which negated the function of these doors in the event of a fire. There were adequate means of escape and all exits were clearly marked and unobstructed on the day of inspection.

There was a prominently displayed fire evacuation plan. Plans had been developed for the evacuation of the centre in the event of a fire during the day as well as night time. Personal emergency evacuation plans had been developed for each resident and detailed the support required to assist residents with evacuation of the centre. The inspectors found adequate support was available to ensure residents could be safely evacuated at all times. Assistive equipment had been provided as identified in personal emergency evacuation plans, and staff were knowledgeable on the evacuation procedures in the centre. Staff identified training in fire safety had been provided.

The inspectors reviewed records of fire drills completed in the centre and issues identified during drills were recorded. However, the inspectors found actions were not consistently implemented following the identification of issues during drills.

Adequate precautions were not in place for infection control. While adequate hand washing facilities were provided, a hand sanitizer was found to be empty on the day of inspection, despite infectious conditions being identified as a known risk. In addition, documentary evidence was not available to confirm some residents had been offered vaccinations against known infectious agents as identified on risk management plans and the centre's statements of purpose. Some nutritional supplements were inappropriately stored on the floor and the surface of some kitchen cupboards was found to be damaged and also required cleaning.

The inspectors reviewed records of incidents with the person in charge. Incidents had been recorded and there was evidence that appropriate immediate care, such as first aid had been provided. In some cases, additional follow up actions had been taken, such as a review of the incident with an allied health care professional however, this was not consistently implemented. For example, the person in charge outlined that all incidents of falls involved completion of a falls investigation form which was subsequently reviewed by a physiotherapist however, documentary evidence was not available to confirm this had been consistently completed.



Site specific and individual risk assessments had been developed. Risk assessments outlined the measures in place to mitigate risks and included areas such as manual handling, transport, fire and choking. However, the inspectors found some measures were not proportionate and some not comprehensive. For example, a risk assessment in relation to choking identified checking of emergency equipment once per week however, this check did not include checking oxygen equipment. On examination of this equipment, the inspectors found there were no oxygen masks available in the centre. Staff members outlined that oxygen was only used for emergencies or palliative care purposes. The inspectors were therefore not assured, that in the event of an emergency, that this intervention could be implemented. In addition, the control measures in place, for internal doors to be wedged open, as identified in a risk assessment was found not to be proportionate.

**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 appropriate arrangements were in place to ensure residents were safeguarded. Some improvement was required to ensure therapeutic interventions were set out in plans.

A number of notifications had been made by the provider to the Health Information and Quality Authority (HIQA) pertaining to safeguarding concerns. The inspectors found safeguarding concerns had been followed up appropriately and measures had been taken to prevent reoccurrence. Additional input from allied health professionals had also been provided where required. Staff were knowledgeable on what constitutes abuse and the actions to take in the event of an allegation, suspicion or disclosure of abuse. Staff outlined they had received training in safeguarding.

Some residents were prescribed medication as a preventative therapeutic intervention for defined clinical situations however, the inspectors found these interventions were not

set out in plans.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found residents' healthcare needs were met and residents had timely access to a range of healthcare professionals.

Residents' healthcare needs had been assessed by a registered nurse and the care to be provided was set out in healthcare plans. The inspectors found residents had been provided with appropriate care and support relevant to their healthcare needs and access to health services and allied health care professional was timely. A general practitioner was in attendance in the centre during the week and residents also had access to a range of professional such as a physiotherapist, occupational therapist, speech and language therapist. Residents were also facilitated to access community health services such as chiropody and community nursing in accordance with their needs.

Support was provided to residents at times of illness or end of life and plans outlined the interventions and support provided to ensure the social, spiritual, physical and emotional needs of residents were met. Family members had been involved in decisions relating to residents' care and support and family views had contributed to the development and implementation of plans. End of life plans were reviewed on a regular basis.

Food was prepared in the centre and a daily menu plan was developed. Menu plans were informed by residents' known preferences of food and by views sought from family members on residents' preferred food choices, The food offered was varied and nutritious and a choice of snacks were available. The advice of a dietician and speech and language therapist formed part of nutritional plans. Records were maintained where indicated, of food and fluid intake.

The inspectors observed a mealtime and found this to be a positive experience for residents. Residents' were supported by staff to eat and drink in a sensitive manner, taking into account the nutritional requirements of the residents as set out in plans

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

The inspectors found most of the requirements in relation to safe medication management were in place however, improvement was required in the storage of refrigerated medications.

Separate storage was provided for those medications requiring refrigeration however, this medication fridge was not secure. In addition, there was no date of opening on a prescribed topical cream. Daily checks of the temperature of the fridge were completed and documented by staff.

Suitable storage was available for all other prescribed medication and medications were held in locked trolleys. The inspectors reviewed a sample of prescriptions and administration records and found these records were complete. Medications requiring crushing had been prescribed by a doctor. PRN (as required) medications had the maximum dosage in 24 hours stated and PRN medications had reviewed. PRN (as required) medication had the circumstances under which this medication should be administered documented on the prescription or in corresponding support plans.

The inspectors observed staff adhering to appropriate practices in relation to medication management.

Records were maintained of all medication received into the centre and there were weekly stock audits completed. Suitable arrangements were in place for the disposal of medication. Out of date or unused medications were returned to the pharmacy and records maintained were signed by the receiving pharmacist.

Medication management plans were developed outlining the support residents required to manage their medication and plans were reviewed as part of the personal plan review process.

Residents availed of the services of a local community pharmacist.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

The inspectors found the management systems in place had ensured the service provided was consistent and met the needs of the residents however, improvement was required to ensure the lines of accountability were clear during the night time period.

During the day there was a clearly defined management structure however, it was not clear who was responsible for the centre at night time. During the day time period a staff member was identified as a shift leader. Staff reported to the supervisor who was employed a clinical nurse manager. The clinical nurse manager reported to the person in charge who in turn reported to the provider nominee.

An out of hours on call system was also available.

Enhanced monitoring arrangements had recently been initiated to ensure the service provided was safe and appropriate to residents' needs and senior managers had attended the centre to complete unannounced visits. In addition, staff told inspectors they were recently supported with an annual performance development review.

The person in charge was in attendance in the centre on a regular basis. The person in charge was actively involved in the management of the centre for example, reviewing incidents and accidents, reviewing individual residents' needs, and identifying and reporting service issues to the provider nominee. On discussion with inspectors it was clear that the person in charge was knowledgeable on residents' individual needs and the support and care in place to meet those needs.

Not all aspects of this outcome were inspected during this inspection.

**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 there were sufficient staff with the right skills and qualifications to meet the needs of the residents.

The centre was staffed by nurses and social care workers. There were sufficient staff on duty at all times of the day and night to ensure the identified needs of residents were met and that support was provided in a caring and sensitive manner. Staff outlined additional staffing had recently been provided in order to ensure residents had access to meaningful activities and to ensure adequate supervision levels for residents. Staff members were knowledgeable on the identified needs of residents and personal plans to meet those needs.

Staff members spoken with outlined they had been provided with all mandatory training including fire safety, manual handling, safeguarding, and where required, medication management. Additional training had also been facilitated in areas such as first aid, behavioural management and food hygiene. Dysphagia training was also scheduled for staff in the coming weeks.

Formal supervision arrangements had recently been developed for staff. Staff spoken to stated they felt supported by the management systems in the centre.

**Judgment:**

Compliant

**Closing the Visit**

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

## **Acknowledgements**

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

### ***Report Compiled by:***

Caroline Vahey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0002879
<b>Date of Inspection:</b>	02 March 2017
<b>Date of response:</b>	30 March 2017

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Residents' right to privacy was compromised in relation to some practices in the centre at night time. The compatibility of residents permanently residing in the centre with those residents availing of respite required review in relation to residents' rights to privacy and dignity.

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

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Bedroom doors will no longer be wedged open at night in order to ensure privacy for the residents.
- Only those residents with a diagnosis of dementia will access respite in Coolnevaun.
- Additional equipment is needed to facilitate the residents who presently use Coolnevaun for Respite in order to provide Respite elsewhere. This equipment has been purchased and we are awaiting delivery of same.
- Transitioning of these Respite supports will commence in a manner that is conducive to the support needs of the residents. This will include the education staff in the medical needs of these residents in the new location for Respite provision.
- Families will be informed of the change and supported through this change.
- This will take place over the coming months.

**Proposed Timescale:** 01/09/2017

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The criteria for admission to the centre as outlined in the statement of purpose was not transparent and not in line with the practice for the admission of residents for respite services.

**2. Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

- Coolnevaun will only provide supports to residents with a diagnosis of Dementia or residents who need Palliative or End of Life Care whose support needs cannot be catered for in residential community houses.
- Transitioning of respite residents will commence once specialised equipment is



received (see action above).

**Proposed Timescale:** 01/09/2017

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Some measures in place for identified risks were not proportionate.

#### **3. Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes 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.

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

- All door wedges have been removed.
- Any identified learning from fire drills will be followed up and actioned immediately. This will also be discussed at team meetings.
- Documentary evidence of this will be kept in the form of meeting minutes and Fire Drill records.
- The Risk Management policy for the Designated Centre has been reviewed.
- Staff will attend a Risk assessment information session on staff 05/04/2017.
- Learning from this session will allow for Risk assessments locally to be reviewed if necessary.
- All incidents will be recorded. Follow up will ensure that actions taken and learning of same be recorded by the PIC or their deputy on an Incident Review Form. These review forms will be retained by the PIC.
- Resident's records will be checked for vaccination details for immunisation of Hep B.
- Vaccination will be offered to residents if necessary
- All staff are offered vaccination on commencement of employment.
- The new Regional Infection Control Procedure (including guidance on the management of communicable/transmissible disease) will be rolled out in the centre and staff inducted into same.
- Stock of hand sanitizer will be checked daily.

**Proposed Timescale:** 30/05/2017

**Theme:** Effective Services

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

Adequate measures were not in place to respond to some emergencies, namely the requirement for the administration of oxygen.

**4. Action Required:**

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

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

- Oxygen masks have been ordered for the centre.

**Proposed Timescale:** 30/05/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Follow up actions were not consistently implemented in order to prevent the reoccurrence of incidents involving residents.

**5. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- All incidents will be recorded. Follow up will ensure that actions taken and learning of same be recorded by the PIC or their deputy on an Incident Review Form. These review forms will be retained by the PIC.
- All incidents will be reviewed and discussed at team meetings to ensure learning. Minutes will be taken to record same in the centre.
- All therapeutic interventions will be included in residents care plans

**Proposed Timescale:** 30/04/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Adequate arrangements were not in place for the prevention and control of infection including;

- some vaccination programmes,
- some hand sanitizers,
- damage to some kitchen cupboards and some kitchen cupboards required to be cleaned,
- some nutritional supplement were inappropriately stored.

**6. 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:**

- Residents records will be checked for vaccination against Hep B
- Residents will be offered vaccination if required
- Stock of hand sanitizers checked daily
- A new kitchen has been ordered for the centre.
- New presses to provide adequate storage for supplements will be sourced and installed.

**Proposed Timescale:** 30/04/2017

**Theme:** Effective Services

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

Adequate arrangements were not in place for the containment of fire and fire doors were wedged open.

**7. 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:**

- All wedges have been removed from fire doors. This was completed on the day of inspection.
- Magnetic door releases have been installed in the kitchen, dining and sitting rooms.

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

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

Inspectors found actions were not consistently implemented following the identification of issues during drills.

**8. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- Any identified learning from fire drills will be followed up and actioned immediately.

This will also be discussed at team meetings.

- Documentary evidence of this will be kept in the form of meeting minutes and Fire Drill records.
- Residents Person Emergency Evacuation Plans will be updated to reflect any learning from Fire drills conducted within the centre.

**Proposed Timescale:** 07/04/2017

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Some preventative therapeutic interventions were not set out in plans.

**9. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- All preventative therapeutic interventions will be included in residents care plan

**Proposed Timescale:** 07/04/2017

### **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:**

Medications requiring refrigeration were not securely stored.

The date of opening was not recorded in relation to a topical cream.

**10. 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 more secure lock has been fitted to the medication fridge to ensure that medications are safely stored.

- Date of opening will be recorded on medications stored in fridge.

**Proposed Timescale:** 27/03/2017

### **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:**

It was not clear who the person responsible for the centre at night time was.

**11. 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:**

- A lead person has been identified on the roster for day and night shift
- Shift duties within the centre will be reviewed and staff will discuss same at Team Meeting.

**Proposed Timescale:** 30/04/2017