

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Anne's Residential Services - Group I
Centre ID:	OSV-0005161
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Catherine Linden
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 May 2017 14:00	17 May 2017 18:30
30 May 2017 10:30	30 May 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection:

This report sets out the findings of an announced inspection of Group I, St. Anne's Residential Services following an application by the provider to register the centre. St Anne's provides residential care to people with an intellectual disability in the Tipperary and Offaly area. This was the second inspection of this designated centre to follow-up on the high level of non-compliance identified at the previous inspection, where five of the 18 outcomes were at the level of major non-compliance.

Description of the service:

The centre consisted of two houses, one of which was located on the outskirts of Templemore and the second in Thurles in Tipperary. Each resident was facilitated to attend an appropriate day service in the surrounding area and transport was provided. Some residents were supported to travel to these centres independently. A number of residents outlined that they worked part-time in local businesses including a coffee shop and the local shop.

How we gathered our evidence:

The inspector met and spoke with all nine residents who currently live in this centre. The inspector also met the person in charge of the centre, staff and the acting

residential services manager. The inspector observed staff practices and interactions with residents and reviewed residents' personal plans, training records, meeting minutes and the complaints log.

Overall judgment of our findings:

During the course of the inspection a significant non-compliance was identified in relation to fire safety arrangements. An immediate action plan was issued to the provider in relation to fire safety in one of the houses in the designated centre. The service responded appropriately to the immediate action plan and undertook to provide an "awake cover" staff at night in this house, as a short term solution. However, the fire-safety related deficiencies relating to evacuating safely from the building could only be rectified through the undertaking of a programme of remedial work and could not be adequately addressed through improvement in the fire safety management regime.

In addition to the fire safety issues it was also found that a further three of the eight outcomes inspected were at the level of major non-compliance:

- each resident's privacy and dignity was not respected in relation to intimate and personal care by having to walk through the utility room and kitchen both prior to and following a shower (Outcome 1: Residents' rights, dignity and consultation)
- the bathroom facilities in one of the houses were in need of refurbishment and updating to meet the needs of all residents (Outcome 6: Premises)
- management systems were not effective to ensure that the service was safe and appropriate to residents' needs, as identified deficiencies in relation to the design and layout of the premises and in relation to fire safety had not been remedied (Outcome 14: Governance)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 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:

Each resident's privacy and dignity was not respected in relation to intimate and personal care.

The shower room in one of the houses of the designated centre could only be accessed by going through a utility room area which also was used for cooking the main meals for the house. The shower room had a shower, toilet and wash hand basin and was the only bathroom area that one resident had access to. The person in charge told the inspector that residents who had an upstairs bedroom used this shower room also. These residents had to walk through the kitchen, the utility room, to access the shower. The provider had undertaken its own audit of quality and safety of care and support provided in this centre. This audit had identified that the location of the shower room in the house did not ensure complete privacy for residents. The inspector was not satisfied that each resident's privacy and dignity was respected in relation to intimate and personal care by having to walk through the utility room and the kitchen both prior to and following a shower.

An inventory of each resident's personal possessions was being maintained. The inspector saw records to verify that where residents had purchased materials for the house, for example curtains, this money had been reimbursed in full.

There were records to show that each resident had a financial assessment form completed that showed each resident's income and expenditure. The person in charge outlined that where residents had been charged a "contribution" as a weekly charge, this charge was under review by the service. It was outlined by the person in charge

that this contribution review would be completed in June 2017, and that the Health Information and Quality Authority (HIQA) would be informed of the outcome.

There were adequate systems in place to safeguard residents' day-to-day money. All receipt dockets were signed by two staff. The totals were kept in a separate cash book.

There was an advocacy group in place for residents which met regularly and items discussed included staffing levels, day service issues and choice of meals for residents.

Judgment:

Non Compliant - Major

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):

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

Findings:

Each resident's assessed needs were set out in an individualised personal plan. However, the process for personal planning review required some improvement.

The person in charge outlined that the format for the personal planning process was in the process of changing. The inspector reviewed a sample of the "newer" personal plans.

In relation to social care needs, personal goals and objectives were outlined in all personal plans. There was evidence of resident involvement in agreeing and setting these goals at the resident's annual personal planning meeting. There was also evidence that individual goals were achieved. However, the inspector saw that, in some instances, goals were related to specific events like a day away to the beach and did not focus on the resident's personal development in some plans.

There had been input from the relevant healthcare professionals in relation to residents' needs and in particular a meeting, as required, of the multidisciplinary team to discuss residents' needs. However, the review of the personal plan was not always

multidisciplinary as only key workers from the residential services and day services were involved in the development of the personal plan and the review did not always incorporate the recommendations from the multidisciplinary team.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre consisted of two houses, one of which was located on the outskirts of Templemore and the second in Thurles in Tipperary. However, the bathroom facilities in one of the houses were in need of refurbishment and updating to meet the needs of all residents.

There were four people living in the first house which was based in a community setting. Improvement works were noted had made the entrance way to this house easily accessible to all. However, the bathroom and or wet room facilities were inadequate as there was mould clearly visible on the walls in the wet room area. The bathroom upstairs had a shower and a bath. However, the shower in the upstairs bathroom was not a "walk in" shower and could only be accessed by stepping into the bath. In addition, not all residents could access the bathroom upstairs that had the only bath in the house. It was noted in the healthcare records that one of the residents had a bath two days a week in the day service. St Anne's service had undertaken its own audit of quality and safety of care and support provided in this centre. This audit had identified that both bathrooms were in need of refurbishment and updating to meet the needs of all residents.

There were five people living in the second house which was bright, clean and well-maintained. There was a large kitchen and dining area which opened out to a large garden. There was also a sitting room with comfortable couches and a television. Two residents had their bedrooms downstairs. There were three other bedrooms upstairs. All bedrooms had en-suite toilet and shower facilities and all of the bedrooms were well-decorated and had personal effects. The main bathroom upstairs had a shower, wash hand basin and a toilet.

Judgment:

Non Compliant - Major

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:

A single issue of this outcome, relating to fire safety, was inspected. Significant improvement was required in terms of fire safety arrangements. An immediate action plan was issued to the representative of the provider in relation to fire safety. The provider responded appropriately to the immediate action plan and undertook to provide an "awake cover" staff at night in this house, as a short term solution. However, the fire-safety related deficiencies relating to evacuating from the building could only be rectified through the undertaking of a programme of remedial work and cannot be addressed through improvement of the fire safety management regime.

The provider had completed an annual report for this designated centre on 3 November 2016. In that report, it had been identified that the downstairs bedroom for one service user in one of the houses was an "inner room" (a room from which escape is possible only by passing through an access room). The inspector observed that the means of escape from this bedroom was through a utility room area which also was used for cooking the main meals for the house. The final exit door was beyond the utility room and led to the garden area. Due to the design and layout of the centre, this meant that exit from this bedroom was possible only by passing through an access room, with no other means of escape in the event of a fire. The inspector issued an immediate action to the provider to address the deficiency identified in the use of an inner room as a bedroom. The provider undertook to provide an "awake" staff at night in this house until a more permanent solution could be implemented.

The inspector was informed by staff that, since the last inspection, the current occupant of the inner room bedroom had moved into this room in 2016 as there had been a significant deterioration in their mobility. Each resident had a personal emergency evacuation assessment plan and risk assessment. It was noted in one of these assessments that one resident needed help to get out of bed and to open a door. The staffing arrangements at night included one staff on night duty on "sleepover" which meant they slept from 23:00 hrs to 07:00 hrs the next morning. These arrangements were inadequate to evacuate, where necessary in the event of fire, all persons in the house and bring them to safe locations. The inspector issued an immediate action to the provider to address the deficiency identified in residents requiring appropriate assistance to evacuate. The response from the provider was to provide an "awake" staff at night in

this house.

The provider had engaged a fire safety engineering consultant to undertake a fire safety risk assessment in this centre in January 2015. It was noted that many of the recommendations from this report in relation to the first house had been implemented including:

- the removal of a chair from a sitting room door
- fire alarm system being upgraded
- the provision of emergency lighting
- thumb turn locks being put on all final exit doors
- fire safety training for all staff.

However, some of the failings identified in the report on fire safety in January 2015 had not been implemented by the provider. These failings included:

- all doors opening onto entrance halls, corridors to be replaced with fire-rated door sets, or alternatively, the installation of a sprinkler system
- fire stopping where appropriate; the enclosure of the hot press to achieve a 30 minute rating fire separation
- keeping the storage space underneath the stairs and in the hallway "sterile" (i.e. free from any object). During the inspection it was noted that incontinence pads were being stored in the space under the stairs. It was also noted that mops were being stored in the press in the hallway.

The inspector noted that there was a regular programme of fire drills replicating day-time conditions and staffing levels within the centre. However, there were no fire drill records to indicate the adequacy of procedures and staffing in the event of a night-time evacuation of the centre.

Judgment:

Non Compliant - Major

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):

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

Findings:

It was a requirement of the regulations that all serious adverse incidents, including

safeguarding issues are reported to HIQA. Five such incidents had been submitted to the Chief Inspector since the previous inspection. Documentation in relation to these incidents were reviewed during the inspection. All incidents had been managed as per the service protocol with a safeguarding plan put in place as required.

Not all positive support plans had been developed with input from appropriate professionals in this field. However, this was being addressed as a psychologist had been assigned to provide this support to residents in this centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

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

In the sample of resident healthcare records seen, each resident had access to a general practitioner (G.P.). There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required.

There was evidence that residents were referred for support, as required, to allied health professionals including physiotherapy and occupational therapy. There were clear and up-to-date guidance available to staff following any such review.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. The inspector noted that residents were referred for dietetic review as required and residents had nutrition care plans as required.

All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents' likes and dislikes.

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):

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

Findings:

Each resident was protected by the centre's policies and procedures for medicines management.

There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

Staff demonstrated an understanding of medicines management, adherence to guidelines and regulatory requirements. Residents' medicine was stored and secured in a locked cupboard in each premises and there was a robust key-holding procedure in place.

A sample of medicine prescription and administration records was reviewed by the inspector. There were up-to-date photographs of residents on the kardex. The prescriptions were transcribed by two nurses in line with guidance issued by the Nursing and Midwifery Board of Ireland. One administration error was noted in the recording sheet for a medicine administered.

The person in charge confirmed that medication management training had been given to all staff.

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):

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

Findings:

Management systems were not effective to ensure that the service was safe and appropriate to residents' needs. In relation to fire safety, some of the failings previously identified in the consulting engineer's report on fire safety in January 2015 had not been implemented by the provider. These were discussed under outcome 7. Health and Safety and Risk Management. At the last inspection, the person in charge had outlined proposals to renovate the kitchen, utility area and one resident's bedroom that was located downstairs. In addition, an annual review of the quality and safety of care of the service had been completed in November 2016 and the review had identified that the premises in one of the houses was not meeting the needs of all residents. In particular, it had identified that the downstairs bedroom was an inner room with evacuation through the kitchen or utility room. However, remedial work had not been undertaken up to the date of this inspection.

Since the previous inspection, a review of the remit of the person in charge had taken place which had resulted in the person in charge having responsibility for two designated centres in total. The person in charge was currently undertaking a degree in health and social care. A new residential services manager had been appointed to the service in February 2016. However, this position was now being filled on an interim capacity since April 2017 by a senior manager from another Daughters of Charity service. HIQA had been notified that a new residential services manager would be in place from the end of June 2017.

The provider had ensured that unannounced visits to the designated centre in relation to the quality and safety of care had been completed, with the most recent in May 2017. There was a prepared written report available in relation to the "outcomes" that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce. The review had an action plan to address any deficiencies identified including in relation to the premises.

The interim residential services manager outlined that the issue relating to the design and layout of the premises had been escalated when first identified in the annual review to the senior management team of the Daughters of Charity services. Between the first and second day of this HIQA inspection the provider had arranged for an environmental assessment of the premises.

Judgment:

Non Compliant - Major

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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0005161
Date of Inspection:	17 May 2017 and 30 May 2017
Date of response:	23 June 2017

Requirements

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

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

Outcome 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:

Each resident's privacy and dignity was not respected in relation to intimate and personal care by having to walk through the utility room and kitchen both prior to and following a shower.

¹ 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:

The Director of Logistics will instruct a quantity surveyor to prepare a detailed cost plan for the redesign of the existing utility space to provide a lobbied approach to an accessible shower & WC and redesign of the kitchen and utility including incorporating the cooker in to the main kitchen. The nominee provider will submit this costed plan to the HSE.

Proposed Timescale: 04/08/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some goals did not focus on the resident's personal development

2. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The person in charge will review the personal plans with key workers to ensure goals focus on the outcome for the resident's personal development.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The review of the personal plan was not multidisciplinary

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Multidisciplinary annual reviews of the personal plans have been completed for one house in this centre on the 25.5.17 and the second house scheduled for 13.12.17. The

person in charge will ensure that any recommendations from these reviews are incorporated in to the plans of care.

Proposed Timescale: 15/12/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The bathroom facilities in one of the houses were in need of refurbishment and updating to meet the needs of residents.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Director of Logistics will instruct a quantity surveyor to prepare a detailed cost plan for the redesign of the existing utility space to provide lobbied approach to an accessible shower & WC and redesign of the kitchen and utility including incorporating the cooker in to the main kitchen. The nominee provider will submit this costed plan to the HSE.

Proposed Timescale: 04/08/2017

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:

There were inadequate arrangements in place in one of the houses of the centre to contain an outbreak of a fire.

5. 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:

The Director of Logistics will instruct a quantity surveyor to prepare a detailed cost plan for the remaining fire construction works. The nominee provider will submit this costed plan to the HSE.

The Director of Logistics will action the forming of a doorway (fire door) from the downstairs bedroom to the front hall to facilitate direct evacuation.

Proposed Timescale: 04/08/2017

Theme: Effective Services

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

There were inadequate arrangements in place in one of the houses of the centre to evacuate, where necessary in the event of fire, all person in the house and bring them to safe locations.

6. 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:

The Director of Logistics will instruct a quantity surveyor to prepare a detailed cost plan for the remaining fire construction works. The nominee provider will submit this costed plan to the HSE.

The Director of Logistics will action the forming of a doorway (fire door) from the downstairs bedroom to the front hall to facilitate direct evacuation.

Proposed Timescale: 04/08/2017

Theme: Effective Services

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

There were no fire drill records to indicate the adequacy of procedures and staffing in the event of a night time evacuation of the centre in some buildings within the centre.

7. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The nominee provider will ensure an unannounced fire drill is completed to simulate night time evacuations.

Proposed Timescale: 07/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The provider had not addressed some of the failings previously identified in the consulting engineers report on fire safety in January 2015. These failings included:

- all doors opening onto entrance halls, corridors to be replaced with fire-rated door sets, or alternatively, the installation of a sprinkler system
- fire stopping where appropriate; the enclosure of the hot press to achieve a 30 minute rating fire separation
- keeping the storage space underneath the stairs and in the hallway "sterile" (i.e. free from any object). During the inspection it was noted that incontinence pads were being stored in the space under the stairs. It was also noted that mops were being stored in the press in the hallway.

8. Action Required:

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

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

The Director of Logistics will instruct a quantity surveyor to prepare a detailed cost plan for the remaining fire construction works. The nominee provider will submit this costed plan to the HSE.

Proposed Timescale: 04/08/2017

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:

A sample of medication prescription and administration records was reviewed by the inspector. One administration error was noted in the recording sheet for medicine administered by a staff member.

9. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The person in charge will review all medication errors with staff at the house meeting. The medication management risk assessment will be updated to reflect this error. The person in charge has ensured all staff are up to date in their medication management training.

Proposed Timescale: 21/07/2017

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:

Management systems were not effective to ensure that the service was safe and appropriate to residents' needs.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The nominee provider has communicated with the Director of Logistics and CEO in respect of the outstanding and required works in this centre. The Director of Logistics will instruct a quantity surveyor to prepare a detailed cost plan for the remaining fire construction works and the redesign of the existing utility space to provide lobbied approach to an accessible shower & WC and redesign of the kitchen and utility including incorporating the cooker in to the main kitchen. The nominee provider will submit this costed plan to the HSE.

Proposed Timescale: 04/08/2017