Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Lorcan Avenue
Centre ID:	OSV-0002373
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	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:	To:
02 October 2017 10:30	02 October 2017 18:45

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Backround to the inspection.
This was the third inspection of the designated centre the purpose of which was to monitor ongoing regulatory compliance. The centre was previously inspected in February 2015. 11 outcomes were inspected against on this inspection.

How the inspectors gathered evidence.
The inspector met with two residents during the course of the inspection and spoke with one staff member on the morning of the inspection. The inspector interviewed two staff members including the person in charge and a person participating in management. Observations of practice were made in relation to support provided to residents, staff communication with residents and an evacuation of the centre. Documentation was reviewed including personal plans, complaints log, minutes of residents' meetings, risk management plans, incidents records, staff rosters and unannounced visits by the provider.

Description of the service.
The centre had produced a statement of purpose which outlined the services to be

provided to residents. The statement of purpose outlined the aims of the centre is to provide a safe and homely environment where residents are empowered to have freedom of choice, individuality is respected and ability promoted. The inspector found residents were supported to live their life of choice and independence skills were developed and promoted.

Overall judgement of findings.
The inspector found residents were provided with a good standard of care and support consistent with their needs. Participation of residents in both their home and community life was actively promoted. Residents' views were sought out and residents expressed they were clear who they could talk to if they had issues they wished to be addressed. Good practice was identified in nine of the outcomes inspected against.

Moderate non compliances were identified in two outcomes as follows;
- Outcome 7 - relating to fire precautions, infection control precautions and risk management,
- Outcome 12 - relating storage of medication, arrangements for the disposal of medication and assessment of residents with regards to self medicating.

These findings are discussed in the body of the report and the regulations which are not being 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that residents were consulted with and participated in decisions relating to their care, and how the centre was planned and run. The inspector found that residents' rights and dignity were upheld. There were weekly residents' meetings. The minutes of these meetings were taken by one of the residents and agenda items included planning for household chores, menu planning and activity planning.

The inspector found residents were consulted in relation to the admission of a resident to the centre and evidence was available in minutes of residents' meeting confirming the admission had been discussed at a residents' meeting. A resident told the inspector that the proposed admission of a new resident was discussed with them and that they were happy that the new resident had moved in.

There was a complaints policy in place in the centre. The inspection reviewed a number of recent complaints involving minor peer to peer incidents. There was evidence that actions had been taken in response to complaints, and evidence that the complainant was informed of the outcome and actions taken following the complaint. The outcomes of the reviewed complaints noted that the complaints were resolved, and to the residents satisfaction.

Residents had their own bedrooms and there were two sitting rooms with where residents could meet friends and family in private.

Independence for residents was promoted in the centre. The inspector reviewed personal plans and residents were engaging in opportunities similar to their peers

including travelling independently to access community facilities, and residents had just returned from a holiday abroad.

There was a policy in place for the management of resident's finances. The inspector reviewed financial records for one resident, the bank statements and expenditure records were reviewed and all monies withdrawn and spent were accounted for.

Judgment:
Compliant

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

Findings:
The centre had policies and procedures in place for admission, discharge and transfer of residents. The procedure in place for admissions considered the wishes needs and safety of the individual resident and the residents living in the centre.

Recent admissions were found to be in line with the centre's statement of purpose. Each resident had a written agreement in place. The agreement outlined the services to be provided and fees to be charged.

Judgment:
Compliant

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:
Overall the inspector found that each resident's well-being and welfare was maintained. Residents had opportunities to participate in meaningful activities in line with their interests and preferences.

Each resident had an assessment of need carried out identifying personal, social and healthcare needs. Assessments of need had been reviewed within the last year. It was evident that there was multidisciplinary team (MDT) involvement and contribution to the assessment of need process. There was evidence that residents, their families and day service staff were involved in planning and review of needs and plans on an annual basis or sooner if the need arose.

Plans were developed for most residents' identified needs and personal plans were found to be of a good standard guiding the practice in the provision of care and support, however some written personal plans were not in place in relation to some identified healthcare needs. The inspector found however, staff could describe in detail practices and describe how identified needs were being met.

Goals and personal development plans were in place and reflected residents' personal wishes and preferences. These plans and goals were implemented and tracked regularly to ensure effectiveness. There was evidence of goals in place to support residents with independent skills and evidence of implementation and evaluation of these goals.

The inspector observed some residents self-directed their day and were engaging in activities of their choice. Some residents were supported by staff to attend day services and some residents travelled independently to their day service and to activities of their choice such as the local gym. Residents told the inspector they had recently returned from a holiday abroad.

Since the last inspection a resident had moved into the centre. The inspector reviewed the transition plan for this resident at the time of admission and found planned supports were in place to support the resident with their transition into the centre.

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

Findings:
Overall the inspector found some improvement was required in relation to the promotion of health and safety of residents, visitors and staff in the centre. Improvement was also required in some fire precautions, infection control and in one environmental risk.

Overall there were good fire precautions in the centre however, improvements were required in relation to the arrangements for the containment of fire in the centre, as in fire doors were not available in most parts of the centre. There were repeated issues in relation to a fire alarm being activated in the kitchen while baking and cooking which has not been resolved. This had been highlighted as an issue in monthly health and safety checks, and while the inspector acknowledged it had been checked by the maintenance department, it remained an issue on the day of inspection.

There was suitable fire equipment in the centre which was serviced regularly, and appropriate records of servicing were held in the centre. Emergency lighting was fitted throughout the centre. There were adequate means of escape and all exits were unobstructed on the day of inspection. Regular fire drills were held both during the day and night and records confirmed residents had been supported to evacuate the centre within a satisfactory timeframe.

Daily fire checks were completed on fire exits, fire alarm, fire fighting equipment, emergency lighting and on break glass units. Residents had personal emergency evacuation plans (PEEP's) in place which outlined the support they require during evacuation by day and night. A fire alarm was activated during cooking on the day of inspection and the inspector observed residents were supported to evacuate the premises safely and in a timely manner. Suitable arrangements were in place to alert emergency services in the event of a fire.

The centre had policies and procedures in place for risk management and emergency planning. There was an up-to-date safety statement in place. Overall incidents in the centre were well managed and serious incidents were appropriately investigated. The inspector reviewed a record of incidents in the centre and appropriate immediate actions had been taken and follow up actions to prevent reoccurrence had been implemented. The centre had a local risk register in place and detailed risk assessments were in place. Risks were assessed and risk management plans outlined the control measures in place to mitigate risks identified.

Overall the inspectors found measures were in place to prevent accidents and measures such as personal handling equipment, alert systems, assistive handrails and alert signs for environmental hazards were in use in the centre. Monthly health and safety checklists were completed. However, the inspector found there was an extension lead unsecured, presenting a potential risk of fall.

Some improvements were required in prevention and control of infection. Parts of the centre required attention in relation to hygiene and maintenance for example, some flooring required cleaning and a seal on a shower was not intact. The covering on a number of dining room chairs was found to be damaged and given the needs of some residents the inspector was not assured that appropriate infection control precautions were in place.

There was sufficient hand washing facilities throughout the centre with antibacterial hand wash available at all sinks. Colour coded chopping boards and colour coded mops and buckets were also supplied.

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:
Overall the inspector found that measures were in place to protect residents from harm and residents were supported with their emotional needs.

There was policy and procedures in place for the prevention, detection and response to abuse. Two residents told the inspector that they felt happy and safe in the centre and told inspector who they would speak to if they had any concerns. The inspector spoke to two staff who demonstrated a good knowledge of what constituted abuse and the actions to be taken to prevent, detect and respond to abuse. The inspector reviewed incidents and complaints records in the centre and found there were no safeguarding concerns in the centre on the day of inspection. All staff members had received training in safeguarding.

There was an intimate care policy in place and on review of a number of residents' personal plans, detailed intimate care plans were in place, which guided staff on supports and assistance residents required, to ensure their needs were met and the privacy and dignity of residents was maintained. Staff members were observed to treat residents with respect and warmth.

Positive behaviour support plans were reviewed by the inspector. They were found to be sufficiently detailed to guide practice. Additional support was provided through healthcare and allied healthcare professionals to support residents with these identified needs where required.

Overall a restraint free environment was promoted in the centre. Where restrictive practices had been identified, these were reviewed regularly in the context of needs of residents.

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

Findings:
Overall the inspector found that residents were supported to achieve best possible health. Resident's healthcare needs had been assessed, and plans were in place to ensure identified healthcare needs were met.

Residents were supported to access a general practitioner in the community and had access to a service general practitioner also. Residents were also supported by a range of allied healthcare professionals which reflected their individual care needs. On review of resident's personal plans it was evident that there was regular review by team members and update of plans in accordance with their recommendations.

Residents were supported in making choices in relation to food, and this was observed during a mealtime preparation. Residents were supported to prepare their meals as per their preference, and snacks and drinks were available in the centre. The advice from speech and language therapist and a dietician were reflected in residents' nutritional 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:
Overall the inspector found that there were suitable practices in relation to ordering, prescribing, storing and disposing of most medicine however suitable storage was not available for a resident who self-administered their medication and the procedure for disposal of some liquid medications required improvement.

Residents had been assessed as to their suitability to self administer medication and risk assessments were completed. However, the risk relating to safe and suitable storage had not been identified up to the day of inspection. Residents who self administered had a monitoring plan in place, as well as have individualised guidelines, and recording documents. There were PRN (medicines only given as the need arises) protocols in place for residents who self-administered medication, and PRN medication stocks for residents who self-administered were held in central storage, which residents could access from staff members.

The inspector reviewed medication and prescriptions records for two residents and found these were complete on the day of inspection. Records confirmed medications had been administered to the resident for whom they had been prescribed. PRN medications (medicines only given as the need arises) prescriptions had the maximum dosage in 24 hours stated and these medications had recently been subject to review.

Residents accessed their local pharmacy. Each resident had a care plan on how they prefer to take their medication. Residents who required rescue medication in relation to seizure activity had PRN protocols and staff members had received training in the administration of prescribed rescue medication.

Improvements were required in relation to recording opening dates on medications to ensure some medications were disposed of within the stated date after opening. The inspector found improvement was also required in the follow up to medication audits to ensure actions arising were dealt with in a timely and satisfactory manner. Medication audits identified repeated issues relating to receipt and transfer of medications to and from the centre, and in relation to staff signing the staff signature sheet. There was no evidence of learning or follow up.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose in place which accurately described the services and facilities provided in the centre. The statement of purpose contained all information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations, 2013. The statement of purpose had been reviewed in the past year and a plan was in place to next review it annually or sooner if required.

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

Findings:
The inspector found that suitable management systems were in place to ensure safe and effective services and the service was monitored on an ongoing basis.

There was a clearly defined management structure and lines of responsibility and accountability were clear. Staff reported to the person in charge. The person in charge was supported in their role by two appointed persons participating in management employed as social care workers in the centre. In the absence of the person in charge,

staff could seek support from these persons participating in management. The person in charge reported to a service manager (person participating in management) who in turn reported to the director of adult services. There were regular support meeting with the person in charge and service manager and the inspector reviewed minutes of these meetings which included areas such as individual resident needs, staffing and maintenance issues. Audits completed in the centre were also reviewed at this meeting and actions formed part of the centres' quality enhancement plan.

The service manager met with the director of adult services at approximately monthly intervals and information relating to the service in the centre was communicated at these meetings. The actions arising from identified issues were agreed at this meeting.

There was an annual review of quality and safety of care in the centre, and residents and family views were sought as part of this review. From reviewing the annual review it was evident that residents participated in the running of the designated centre. Six monthly unannounced visits by the provider were completed and there was evidence that themes arising resulted in action being implemented.

The person in charge had recently been appointed to the centre. The person in charge facilitated the inspection and demonstrated good knowledge of the residents' needs and support plans. The person in charge had previously been interviewed by the inspector in 2016 in relation to their role as a person in charge of another designated centre and had demonstrated knowledge of the regulations and their statutory responsibilities. The person in charge was employed on a full time basis and had the required experience and skills to fulfil their role. The inspector found that the person in charge provided good leadership and staff told the inspector that they felt supported by the person in charge. The person in charge was allocated protected time of eight to sixteen hours per week in order to fulfil management and administrative functions.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents.

The centre was staffed by social care workers and the inspector found sufficient staffing levels were provided to ensure the needs of residents were met. There was one staff vacancy in the centre and a recruitment process was in progress to fill this post.

There were planned and actual rosters in place which highlighted the staff on duty, as well as a shift lead.

The person in charge worked alongside staff on a day to day basis providing direct supervision of care and support. In addition, formal staff supervision was completed at approximately two monthly intervals. The inspector reviewed records of staff supervision meetings and found the process to be of a good quality. Goals were developed following the supervision meeting and a review of these goals formed part of subsequent supervision meetings. There was a local induction and probation procedure in place.

Staff members had completed all mandatory training and had access to education and training to meet the needs of residents. The majority of staff members had completed positive behaviour support training, with one member of staff in the process of completing it.

Schedule 2 records were not reviewed as part of this inspection.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspector found that all required policies and procedures under Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons

(Children and Adults) with Disabilities) Regulations 2013 were in the centre on the day of inspection. Staff members were familiar with the up-to-date policies and procedures and where they were located. Policies and procedures were reviewed and updated within the last three years.

The directory of residents was maintained in the centre. Since the last inspection details on residents' general practitioner and details of holidays/overnight stays away from the centre had been included in the directory of residents.

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[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002373
Date of Inspection:	02 October 2017
Date of response:	22 November 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 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 plans were not developed reflecting some identified healthcare needs.

1. 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

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

the resident's assessed needs.

Please state the actions you have taken or are planning to take:
• Review of all residents health care needs
• Further development of comprehensive support plans to guide staff.
• Review of Keyworker duties monthly with PPIM through a Keyworker checklist, to identify at an early stage healthcare developments that require additional supports for the residents. This process will provide relevant, and immediate information for staff to guide their interventions.
• Links with Psychiatrist to review correspondence to reflect clinical psychiatric diagnosis as this will guide the provision of health care intervention

Proposed Timescale: 30/10/2017

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:
One environmental risk was identified during the inspection relating to a trailing flex and presented a risk of potential fall for residents.

2. Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
• Extension lead in the visitor's room has been removed.

Proposed Timescale: 03/10/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Infection control measures required improvement as outlined in the body of the report.

3. 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:
• Costing for painting and decorating of the front hall and the kitchen/ diner area and time frame for completion. Quote 16/11/2017

• Quotes for Change of carpets on the hall stairs and landing
• Replacement of dining chairs. Replaced 19/11/2017
• Review of present cleaning rota completed 19/10/2017
• Seal on shower in the upstairs shower area has been replaced. 17/11/2017

Proposed Timescale: 31/01/2018

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.

4. 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:
Ref an internal memo sent to all residential PICs and Service Managers dated 17/05/17, SMH has on foot of actions arising from internal fire reports that require capital funding in order to address put in place a systematic risk based approach to address environmental fire actions identified. SMH is aware of deficiencies noted in the internal report completed by the SMH Fire Prevention Officer and has prioritised these actions accordingly using set criteria on the organisational risk register. A review of the risk register is scheduled for completion by the SMH Fire Prevention Officer and the Building & Property Development Mgr in Dec 2017 in order to prioritise programs of work for 2018, which would include actions highlighted in Lorcan Aves report. Following this meeting timelines for actions will be set out".

Proposed Timescale: 29/06/2018

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Repeated issues with a fault in a fire sensor in the kitchen remained outstanding on the day of inspection.

5. Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Fire head replaced. 6/10/2017.

Proposed Timescale: 06/10/2017

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:
Suitable secure storage was not in use for a resident who self medicated.

6. 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:
• Small locked medication Press to be placed in residents room 17/11/17.
• Risk assessment updated 15/11/17

Proposed Timescale: 17/11/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The arrangement to ensure some liquid medications were marked with date of opening, in order to ensure appropriate disposal, required improvement.

7. Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
• PIC discussed at staff meeting the importance of ensuring that new medication were marked when open and disposed of appropriately.
• Review of all medication expiration dates at tri monthly PIC audit.

Proposed Timescale: 16/11/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
The outcomes of medication audits required improvement to ensure learning from issues identified.

8. 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:
• PIC discussed at staff meeting 16/11/2017 and will follow up in support meetings individually.
• Staff identified as medication officer

Proposed Timescale: 30/11/2017