



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

Name of designated centre:	An Ghrianán
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	13 March 2018
Centre ID:	OSV-0004656
Fieldwork ID:	MON-0021003

About the designated centre

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

An Ghrianan provides a residential service to four residents who are over the age of 18 and have a mild to moderate intellectual disability, some residents may also use services offered by the mental health team. The centre comprised one single-storey house, located in a residential neighbourhood of a large town where public transport links are available. The centre is also in close proximity to a bus stop and residents mainly use the bus service and taxis to access their local community. Residents share transport with another designated centre and use this vehicle to visit nearby areas of interest and local towns. Each resident has their own bedroom which is decorated with personal achievements and photos of family and friends. The centre has an appropriate number of shared bathrooms for residents to use. Suitable cooking and kitchen facilities are available and the reception room is warm and comfortably furnished. All residents attended day services and one staff member supports residents during the day and night time hours.

The following information outlines some additional data on this centre.

Current registration end date:	30/08/2018
Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 March 2018	12:00hrs to 18:30hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with the four residents who voiced their satisfaction with the service which was provided in the centre. Residents appeared relaxed in their home and staff who were on duty interacted with them in warm and caring manner. Residents stated that staff in the centre were very nice and were always available for a chat and to help them with a task if they needed assistance. Residents stated that they enjoyed a good social life and used the public bus to go shopping and engage in leisure activities such as badminton, bowling and the cinema. One resident was also supported to remain in the centre independently which they very much liked. Overall, residents complemented the service which was provided and the staff that supported them to achieve their goals.

Capacity and capability

While the inspector found that governance and management arrangements generally ensured that the quality and safety of care provided to residents was maintained to a good standard, improvements were required to how the provider consulted with residents and to the maintenance of staff records. This inspection was conducted following an application by the provider to renew the registration of this centre. The provider had also produced a statement of purpose which accurately described the care needs that the service was intended to meet and clearly stated the services which would be provided to meet those needs.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge had remit over two designated centres and their time was divided equally between both. The person in charge attended the centre on a regular basis and was found to have a good understanding of the service which was provided to the residents.

The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement, which the person in charge had addressed. There was a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and fire precautions. The information gathered from these audits was used to assure the registered provider about the quality of the service which was provided to the residents. The annual review of the service was also completed; however, residents had not been consulted in regards to the formulation of this review which impacted on their ability fully participate in decisions made about their

home.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. There was also provision within the staffing arrangements for additional resources to be deployed in the centre to support residents in accessing the community. However, the rota did not accurately reflect the staffing arrangements within the centre and indicated that staff members would be off duty, when in fact they would present in the centre. The provider also failed to fully complete basics checks in regards to prescribed information for all staff employed in the centre which impacted on the providers ability to ensure that residents were safeguarded at all times.

Overall, the inspector found that residents were supported to be valued members of their local community and to participate in activities which were meaningful to them. Residents were observed to be treated in a warm and caring manner and staff on duty had a good understanding of their personal preferences and care needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider failed to submit a complete application for the renewal of the registration of this centre; however, a complete application was submitted by the provider subsequent to the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was in full-time. They were appropriately qualified and experienced and were supported by the provider to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the skill-mix and numbers of staff employed was meeting the assessed needs of residents. Staff were also found to have a good understanding of the care needs of residents and interacted with them in a warm and friendly manner. However, the provider failed to maintain an accurate rota and

ensure that full employment histories were maintained for all staff members.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider was found to have supported the development of a competent workforce through facilitating both mandatory and refresher training in areas such as safeguarding, positive behavioural support and fire. Staff members were also facilitated to raise concerns about the care provided in the centre by attending regular staff meetings. Formal staff supervision had also been implemented since the previous inspection of this centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written agreement in place which clearly outlined the fees which would be charged and the services which would be provided. Written agreements had also been signed by the residents, their representatives and a member of the provider's management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which was reviewed on at least an annual basis and accurately reflected the service which was provided in the centre. The statement of purpose was also made available in an accessible format for residents.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained an accurate record of all notifications which were submitted to the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no active complaints on the day of inspection; however, the provider had a clear complaints process in place which was also available in easy-to-read format. Residents also stated that they could complain if they so wished but they never had any reason to complain about the service provided in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had produced all required policies as stated in Schedule 5 of the regulations. The provider had also ensured that these policies were reviewed as required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure and systems in place to ensure that the centre was safe and effectively run. The person in charge was conducting regular audits of care practices within the centre and the data gathered from these audits was used to further improve to service provided to residents. The provider had also conducted a six-monthly audit and an annual review of the care provided in the centre; however, the annual review failed to consider the views of the residents.

Judgment: Substantially compliant

Quality and safety

The inspector found that the provider ensured that the quality and safety of care provider to residents was maintained to a good standard.

Each resident had a personal plan in place which contained areas such as personal goals, healthcare, risk management, personal history. These were formally reviewed on an annual basis with the resident, their representative, key worker and members of the staff team. These plans were also made available in an accessible format to the resident. Residents were also supported to identify and achieve personal goals; such as, attending concerts and developing skills in areas such as cookery. All goals were supported by an action plan which clearly captured the involvement and voice of the resident throughout the process.

The inspector found that the rights and dignity of residents were promoted in the designated centre. Residents attended weekly meetings in which they discussed items; such as, community activities, safeguarding, rights and meal choices. Residents stated that they were consulted on a daily basis in regards activities which they wanted to engage in. Residents felt that their privacy and dignity was respected at all times and the inspector observed that this was also reflected in intimate care plans which were reviewed. Residents were supported to exercise their political views and were registered and supported to vote. Advocacy was also available in the designated centre if residents wished to avail of this service.

The provider had systems in place for the ongoing review and monitoring of risk in the designated centre. The person in charge had a good understanding of these systems and all identified risks in the centre had been recently reviewed. The centre was promoting positive risk taking and the person in charge stated that residents were going to be risk assessed in terms of accessing the community independently. One resident was supported to remain at home for short periods of time and this resident stated that it was something that they liked doing as it promoted their independence. A risk assessment was in place to support this action and which listed several controls such as staff not leaving the nearby area and ensuring that the resident could dial the staff members phone number. However, the inspector found that not all controls had been explored to ensure that the resident remained safe whilst remaining independently in their home.

The provider had ensured that fire safety arrangements and procedures were in place and regularly reviewed. Staff in the centre were conducting regular audits of fire arrangements. Fire drills indicated that residents could be evacuated in a prompt manner from the designated centre when minimum staffing was available. However, the provider had not demonstrated that a resident who remained independently in the centre could be evacuated without the assistance of staff.

Generally, residents' educational and employment needs were facilitated through their individual day service and some residents stated that they were currently involved in work experience in the local community. The person in charge

also ensured that the personal development of residents was maintained to a good standard in the centre. Residents were supported to up-skill in areas such as cookery. Some residents' financial independence was being enhanced with further training being offered to support them in using their bank cards. Residents were active members of their local communities and one resident was a member of a local walking club. A staff member who lived in the local area also stated that residents would be support to join a new residents' neighbourhood society, if they so wished.

A good standard of healthcare was provided in the centre and residents were supported to attend their general practitioner of choice in times of illness and on an annual basis. Residents were also supported to attended allied health professionals and specialists such the mental health services and neurology. Each resident also had a completed health assessment and an associated health care plan was formulised if required.

Regulation 10: Communication

All residents in the centre could communicate verbally and required minimum interventions in terms of this area of care. The centre had facilitated residents to access media such as magazines, newspapers, and television. The internet was also available and residents had used this to explore various country music events which were occurring in their local community.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to visit their family on a regular basis and residents stated that they could receive visitors if they so wished. There was a policy on visitors and a visitors record was maintained in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had appropriate storage and laundry facilities were available to residents if they wished to use them. Residents were supported to manage their finances and accurate records were maintained for all transaction which were completed with the support of staff members.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were active members of their local community and were also supported to develop further skills through their day service and designated centre. Some residents were also facilitated to attend work experience in their local community.

Judgment: Compliant

Regulation 17: Premises

The premises was warm and clean on the day of inspection and was found to meet the needs of residents. The centre had a homely feel and a resident's artwork was used to decorate some communal areas of the centre. Each resident had their own bedroom which was large and suitably furnished. Suitable kitchen and dining facilities were in place and a large reception room was available for residents to use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had free access to snacks and refreshments. Residents attended a weekly house meeting where they decided which meals that they would prefer for the week. Residents were supported to buy, prepare and cook their own meals and on the evening of inspection a nutritious home-cooked meal was prepared by the staff member on duty.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had appropriate fire precautions in place such as fire doors with automatic closers, emergency lighting, smoke detection and fire fighting equipment. The provider also had an alarm system in place to warn staff in the event of a fire occurring. Additional emergency lighting had also been installed to the exterior of

the building following the previous inspection of this centre. Staff were conducting regular reviews of these fire precautions and all equipment was found to be regularly serviced. Fire procedures were clearly displayed and each resident was assessed in terms of evacuating the centre by a personal emergency egress plan. Staff were conducting regular fire drills within the centre and had a good understanding of the procedures to be followed in the event of a fire occurring; however, the provider had not conducted a fire drill with a resident who lived independently in the centre, to determine if they could evacuate the centre without the assistance of staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on at least an annual basis and was made available to residents in an assessable format. Residents were also supported to identify and achieve personal goals through an individualised process.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare and were regularly reviewed by healthcare professionals. Each resident also had a completed nursing assessment and an associated health intervention plan was formulated to support the resident in this area of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no behaviours of concern identified on the day of inspection; however, the provider had a policy in regards to this area of care and staff members had received training in supporting residents who may exhibit these behaviours.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns highlighted on the day of inspection and staff on duty had a good understanding of the reporting procedures used within the organisation. The provider had produced a policy on safeguarding vulnerable adults from abuse and residents in the centre stated that they felt safe in their home.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were actively promoted in the centre. Information on rights was clearly displayed and residents were registered to vote. Residents attended a weekly meeting on the centre's statement of purpose indicated that residents would be consulted on a daily basis in regards to decisions about their care. Staff members were found to interact with residents in a respectful manner and residents stated that they felt supported by staff in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and the person in charge was actively reviewing risk management procedures in the centre. The person in charge was promoting positive risk taking in the centre; however, not all controls had been explored to ensure that a resident could safely remain independently in the home. The provider had systems in place for recording and responding to adverse events and the person in charge had a procedure in place for the ongoing review of these events.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate medication administration and storage facilities in place. Staff had been trained in the administration of medications and had a good understanding of the procedures to be followed in the event of a medication error occurring. Residents were supported to manage their own medications and an assessment had been completed for all residents to determine their wishes and

ability to self medicate. One resident was self-medicating on the day of inspection; however, an appropriate risk assessment had not been completed to ensure that appropriate controls were in place to further support the resident with this area of independence.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for An Ghrianán OSV-0004656

Inspection ID: MON-0021003

Date of inspection: 13/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The provider ensures that the number, qualifications and skill-mix of staff are appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the centre. Nursing care is provided as required subject to the statement of purpose and the assessed needs of residents. Staffing is allocated to ensure that residents receive continuity of care and support from staff who are consistently assigned to the centre as far as is reasonably practicable. The use of relief or agency staff is maintained at a minimum.</p> <p>The person in charge ensures that there is a planned and actual staff rota in place which is properly maintained and displays staff on duty during the day and night.</p> <p>The person in charge ensures that he or she has obtained in respect of all staff the information and documents specified in Schedule 2 of the regulations.</p> <p>In response to the area of non-compliance found under regulation 15(4): The person in charge has implemented a new template for the staff rota to ensure that it accurately reflects the staff on duty during the day and night.</p> <p>In response to the area of non-compliance found under regulation 15(5): The person in charge has reviewed the staff files to ensure that there are no gaps in employment histories.</p> <p>Please see section 2 for compliance dates.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider ensures that the centre is resourced to provide effective delivery of care and support in accordance with the statement of purpose. There is a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.</p>	

Management systems are in place to ensure that the service provided in the centre is safe, appropriate to residents' needs, consistent and effectively monitored.

This includes;

- A schedule to ensure that an annual review of the quality and safety of care and support and six monthly unannounced visits of the centre are conducted, residents are consulted with as part of this process. Reports produced include plans to address any concerns regarding the standard of care and support provided. The reports are made available to the residents and their representatives.
- In response to HIQA's Enhanced Monitoring Approach, a framework for persons in charge to assess the centre's compliance with the regulations was introduced as a quality improvement initiative in March 2018, this is completed quarterly.
- A corresponding quality improvement plan is developed to manage and monitor any actions that arise.
- A schedule of audit is completed throughout the year to ensure the service provided is consistent and effectively monitored.
- An annual review and update of the centre's Statement of Purpose.

To support staff exercise their personal and professional responsibility for the quality and safety of services they deliver and facilitate staff to raise concerns about the quality and safety of care and support provided to residents, the provider has the following measures in place:

- Formal supervision is completed with staff on a six monthly basis.
- Staff meetings are convened monthly.
- Managers meetings are held fortnightly and minutes are made available in the centre to share information and learning.
- A suite of evidenced based policies are provided to guide and support staff.
- A health and safety management system which includes the corporate, organisational and centre specific safety statements, the risk register for the centre and the plans in place to respond to emergencies that may arise.
- A programme of mandatory training and a prospectus of professional development courses available through the Centre for Education.
- Staff are also supported to undertake training and development which is specifically relevant to the needs of the residents in the centre.

In response to the area of non-compliance found under regulation 23(1)(e):

The provider has consulted with the residents in the centre and has amended the Annual Review of the Quality and Safety of Care and Support Report to reflect residents views of the service provided.

Please see section 2 for compliance dates.

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

The provider ensures that effective fire safety management systems are in place in the centre and adheres to and is guided by the following;

- Safety Health & Welfare at Work Act 2005
- Health & Safety Authority Guidance on Fire Prevention and Fire Safety.
- Code of Practice for Fire Safety in New & Existing Community Dwelling Houses 2017
- HSE Fire Safety and Risk Management Policies and Procedures
- Schedule 5 Risk Management & Emergency Planning Policy.

- The centre has a Fire Safety Statement, Fire Precautions and Emergency Evacuation Procedures in place which have been drawn up in consultation with the HSE Fire Officer and Estates Department and are reviewed annually or sooner if required.
- Easy read emergency evacuation procedures are available for residents.
- Staff receive fire training on an annual basis which incorporates evacuation procedures and the use of fire fighting equipment.
- The centre is equipped with suitable fire safety equipment, including a fire alarm system which are routinely checked and serviced according to safety requirements.
- Emergency lighting is in place to clearly identify means of escape.
- Fire safety checks are completed and recorded in the Fire Register, faults noted are reported immediately.
- The centre is well maintained, free from clutter with cleaning schedules in place.
- Electrical equipment is maintained in good working order, a night time safety check is completed to ensure all electrical appliances are switched off.
- Fire drills and evacuations are conducted monthly with residents and staff, details are recorded in the Fire Register. Drills include night time simulation & minimum staffing.
- Each resident has a personal emergency evacuation plan in place which is reviewed on a six monthly basis or more frequently if there is a change in need or circumstances.
- The provider has a schedule of audit in place which includes audit of fire safety and health & safety.
- The centre has a health and safety risk management system in place which includes;
 - A safety statement which is reviewed annually,
 - A risk register which includes risk assessments for fire safety & electrical appliances.
 - The fire precautions & evacuation procedures.
 - Emergency plans in the event of major emergencies.

The person in charge ensures that;

- The procedures to be followed in the event of fire are displayed in a prominent place.
- Fire checks are conducted according to the Fire Register and records are maintained.
- Fire drills are conducted monthly, the learning is shared with both residents and staff and relevant fire safety information is updated if required.
- Random questionnaires are completed with staff to consolidate knowledge of fire procedures.
- Fire safety audits are completed on a quarterly basis.
- The staff training matrix is monitored on a monthly basis to ensure fire training is completed within the required timeframes.
- Each resident's personal emergency evacuation plan is reviewed at six monthly intervals or in the event of a change in need or circumstances.
- All identified risks within the centre are kept under review.
- The centre is well maintained, repairs and faults are promptly addressed and the centre is free from clutter ensuring escape routes are unobstructed.
- Cleaning schedules are completed.
- All staff adhere to the Risk Management & Emergency Planning Policy.
- All staff have read and signed the Health & Safety Risk Management system.
- Fire safety is a standing agenda item on both staff and resident meetings.

In response to the area of non-compliance found under regulation

The provider has ensured the resident who is supported to stay in the centre for short periods alone, has completed a fire drill independently to ensure safe evacuation in the event of a fire.

Please see section 2 for compliance dates.

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To ensure the safe and effective delivery of care and support the provider adheres to and is guided by the following policies, legislation and guidance documents;</p> <ul style="list-style-type: none"> ➤ Safety Health & Welfare at Work Act 2005 ➤ HSE National Integrated Risk Management Policy 2017 ➤ Health and Safety at Work guidance produced by the Health and Safety Authority. ➤ Schedule 5 - Risk Management & Emergency Planning Policy ➤ Schedule 5 - Policy on When a Resident Goes Missing. ➤ Safeguarding Vulnerable Persons at Risk of Abuse 2014. <p>The provider ensures that the following robust practices are implemented to ensure all incidents and identified risks are effectively managed;</p> <ul style="list-style-type: none"> ➤ National Incident Management System. ➤ A Health & Safety Risk Management System - which includes the corporate, organisational and centre specific safety statements, a risk register to manage the identified physical, biological and chemical risks. The plans in place to respond to emergencies that may arise. ➤ A schedule of audit which is completed throughout the year. ➤ All vehicles provided by the registered provider to transport residents, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained. ➤ An incident review group is in place to review incidents at the end of each month and identify areas for improvement and share learning to prevent reoccurrence. <p>The provider respects the rights of residents to take positive risks in their everyday lives and has the following in place to support and safeguard residents;</p> <ul style="list-style-type: none"> • A comprehensive assessment of need and person centred planning process developed with the maximum participation of the resident and his/her representative where appropriate. • The personal plan reflects the resident's needs, wishes and preferences and outlines the supports required to maximise the residents' personal development. Positive risk taking is encouraged, supported and risk assessed to ensure residents have opportunities in everyday life similar to their peers. <p>In response to the area of non-compliance found under regulation</p> <p>The person in charge has reviewed and updated the risk assessment which supports a resident to remain independently in the home to ensure that all existing controls measures have been identified and documented.</p> <p>Please see section 2 for compliance dates.</p>	

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

The provider ensures that:

- Each resident is provided with an individualised service from a community pharmacist and general practitioner of choice and is afforded the opportunity to consult with them about medications prescribed.
- All medications are prescribed by a registered prescriber.
- Each resident has a medication administration record which is up to date and reviewed quarterly or as required.
- Residents are encouraged to take responsibility for their own medication in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability. An assessment is completed to establish each resident's capacity to administer medication independently and identify the level of support to be provided by staff.
- A risk assessment and corresponding support plan is developed with the maximum participation of the resident which is reviewed quarterly or if there is a change in circumstances.
- Residents are provided with accessible information in relation to their medication.
- Policies and procedures are in place to guide staff on the safe administration and management of medication.
- All medication errors, suspected adverse reactions and incidents are recorded, reported and analysed, learning is shared to improve safety and prevent reoccurrence.
- All nurses are registered with the Nursing and Midwifery board of Ireland and complete a medication management refresher annually.
- Healthcare assistants complete a Safe Administration of Medication programme with a refresher every two years.
- The person in charge completes a medication audit on a monthly basis and arranges for a pharmacist to complete an audit every six months.
- Evaluation of the effectiveness of medication is continuously monitored and forms part of each resident's person centred annual review.
- Where residents receive medicines as a form of restraint, all alternative measures are considered before the use of chemical restraint. Where chemical restraint is assessed as being required, the least restrictive procedure for the shortest duration is used. The rationale for the prescription is clearly documented and there is a protocol in place to clearly guide staff on administration. The effectiveness of the medication is monitored and reviewed.

In response to the area of noncompliance found under regulation

The Person in Charge has ensured that a risk assessment has been completed outlining all the existing controls and level of support required for the safe administration of medication independently by a resident.

Please see section 2 for compliance dates.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	26/03/2018
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	19/03/2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	29/03/2018

Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/04/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	21/04/2018
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	19/03/2018