

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Nephin Lodge
Centre ID:	OSV-0002614
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 December 2017 09:20 To: 18 December 2017 19:55

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

Outcome 04: Admissions and Contract for the Provision of Services
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This announced inspection was carried out in response to an application to vary the designated centre's conditions of registration. As part of the inspection, the inspector reviewed actions the provider had undertaken in response to its previous inspection on the 21 June 2016. The designated centre was part of the service provided by the Health Service Executive in Sligo and provided residential services to adults with a disability

How we gathered our evidence:

During the inspection, the inspector spoke with two residents individually about the quality of care and support they received. In addition, the inspector met three staff members and interviewed the person in charge. The inspector also observed practices and reviewed documentation such as residents' care plans, healthcare records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that

the service was being provided as it was described in that document. The centre comprised of two premises located on neighbouring housing estates in a local town and was close to local amenities such as shops and cafes.

Overall Findings:

The inspector found that residents were supported in-line with their assessed needs. Where able to residents told the inspector that they were supported to engage in activities of their choice and enjoyed living at the centre. Where residents could not tell the inspector about the support they received, the inspector observed that they appeared happy and comfortable with all support provided by staff on the day of inspection.

However, the inspector found that the centre's governance and management arrangements did not effectively monitor practices at the centre in relation to risk management, fire safety, medication management and residents' personal plans. The inspector further found that actions identified in previous inspection of the centre and the provider's own internal audits had not been addressed leading to continued non-compliance with the regulations. In addition, although the design and layout of the centre's premises reflected residents' assessed needs; the provider had not ensured that communal areas in one of the premises were well-maintained.

The inspector did however find that actions identified in the previous inspection such as the availability of staffing to enable residents to access activities of their choice at weekends had been introduced. Furthermore, staff employed at the centre were suitably qualified and knowledgeable on residents' needs. The inspector also interviewed the person in charge and found them to be suitably qualified and knowledgeable on both the regulations and residents' needs.

Summary of regulatory compliance:

The centre was inspected against ten outcomes. The inspector found compliance in four outcomes inspected. However, major non-compliance was found in one outcome which related to workforce and included findings which related to staff supervision, the staff roster and staff documentation. Moderate non-compliance was found in four outcomes and related to residents' personal plans, risk management, medication management and the centre's governance and management arrangements. Substantial compliance was found one outcome which related to the condition of the premises.

These findings are further detailed 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 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 provider had up-to-date admissions and discharge policy and written agreements were in place for each resident.

The provider's admissions and discharge policy was up-to-date and reflected the centre's statement of purpose.

Residents' written agreements were accessible and included details on the total fees charged and additional charges to be met by the residents such as community activities, clothing and toiletries. In addition, written agreements contained information on the services and facilities provided at the centre.

The previous inspection had found that written agreements had not been signed by residents or their representatives. During this inspection, the inspector found that written agreements had been signed by both the provider and the resident or their representatives.

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

Theme:

Effective Services

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

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

Findings:

Residents' needs were assessed, regularly reviewed and reflected in their personal plans.

The inspector looked at a sample of residents' personal plans, which included assessments on support needs in areas such as healthcare, keeping safe, communication, behaviour that challenges, personal care, recreational activities and relationships. Personal plans were up-to-date and reflected both staff knowledge and observed practices during the inspection.

The previous inspection had found that personal plans were not available in an accessible format for residents. However, since the last inspection an accessible version using symbols and pictures had been developed and was available to residents.

Personal plans included residents' annual goals which reflected their likes and preferences. Furthermore, each goal included named staff support and expected timeframes to be completed and were regularly updated with the resident's progress.

The previous inspection had found that residents' personal plans had not all been subject to an annual review and where reviews had occurred they had not assessed the effectiveness of all aspects of the plan to meet the resident's needs. The inspector found that following the last inspection all plans had been subject to an annual review and minutes showed that all aspects of support provided had been assessed in relation to their effectiveness to meet residents' needs.

However, although reviews had occurred the inspector found that as with the previous inspection's findings, records examined did not indicate the participation of either the resident or their representative in the review meeting.

Judgment:

Non Compliant - Moderate

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's design and layout reflected residents' assessed needs, although maintenance works were identified.

The centre comprised of two separate premises located on neighbouring housing estates close to each other in a local town. Both premises were close to local amenities such as shops and cafes. At the time of the inspection one of the premises was unoccupied.

One of the centre's premise comprised of ten resident bedrooms with five bedrooms being located in each self contained wing of the building, but connected together by a foyer area with seating. Each of the building's wings contained a communal sitting room and kitchen dining room as well as its own communal bathroom and toilet facilities.

The inspector found that residents' bedrooms were decorated in-line with residents' likes and included personal items such as family photos, art work and ornaments. However, general wear and tear was observed during the course of the inspection to the paintwork in communal areas such as kitchens, sitting rooms and hallway corridors.

The second premise within the centre was a four-bedded bungalow located in a neighbouring housing estate and was unoccupied on the day of inspection. The premise comprised of three residents' bedrooms, which were of a suitable size and provided adequate storage for residents' personal possessions. In addition, a communal sitting room, kitchen dining room and bathroom with walk-in shower were provided. The bungalow was well-maintained and decorated.

Both premises had access to a rear garden which was well-maintained and accessible, with the larger garden containing a storage shed and smoking shelter.

Furthermore, residents had access to laundry facilities in both of the centre's premises and appropriate arrangements were in place for the safe disposal of both general and clinical waste.

Office space was provided in both premises for staff use.

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:

Residents were kept safe at the centre. However, the provider had not addressed previously identified fire safety and risk management actions within agreed timeframes

The centre had an up-to-date risk management policy and centre-specific safety statement. However, as found during the previous inspection, the provider had not ensured that all risks were identified and control measures put in place. For example, in relation to the centre's smoking shelter. Furthermore, the inspector found that where risks such as behaviours of concern and choking had been identified, risk assessments were not in place to show how the risk was managed; although staff were knowledgeable on how to support the residents.

In addition, the inspector found that residents' primary risk screening documents did not accurately reflect the risk assessments reviewed by the inspector or had not been updated following changes in the residents' circumstances.

The person in charge maintained a record of accidents and incidents which had occurred at the centre. Records showed that incidents and accidents were investigated by the person in charge and associated learning was shared with staff through regular team meetings.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre. In addition, hand sanitisers were available along with personal protective equipment and segregated waste disposal facilities. Furthermore, records showed that all staff had received hand hygiene training.

Residents' mobility needs had been assessed and were reflected in both personal plans and staff knowledge. In addition, all staff had received up-to-date manual handling training.

The centre was equipped with suitable fire equipment, which was regularly serviced by an external contractor and checked by staff to ensure that it was in working order. Equipment in place at the centre included fire extinguishers, a fire alarm, fire call points, illuminated fire exit signage, smoke detectors and emergency lighting.

However, although fire doors were in place in one of the centre's premise, due to their design and staff practices, they were unable to close in the event of a fire. The inspector brought this to the attention of the person in charge, who put measures in place prior to the inspection's end to ensure all fire doors, which were without magnetic self closure devices, were closed at all times. Following, the inspection, further assurances were

received from the person in charge on measures they had additionally taken to ensure fire doors were closed at all times at the centre.

The centre's fire evacuation plans were prominently displayed and reflected both resident and staff knowledge. Furthermore, training records showed that staff had received up-to-date fire safety training.

The previous inspection had found that residents' 'Personal Emergency Evacuation Plans' (PEEPs) did not provide sufficient information to guide staff. The inspector found that although PEEPs were up-to-date and reflected staff knowledge, they did not contain information on the staffing levels required to safely evacuate residents who required either transferring to a wheelchair or the use of an evacuation sheet.

Regular fire drills were carried out at the centre. However, although all residents had participated in simulated fire drill, records showed that drills had not occurred under minimal staffing arrangements to assess their effectiveness in an emergency.

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):

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

Findings:

Residents were protected from harm and supported to positively manage behaviours of concern.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Information on the provider's policy and named designated safeguarding officer was prominently displayed at the centre. The inspector reviewed residents' safeguarding plans which reflected staff knowledge and were completed in-line with the provider's policies. Furthermore, safeguarding plans were regularly reviewed.

Staff had received up-to-date 'safeguarding of vulnerable adults' training and were able to tell the inspector what incidents might constitute abuse and the actions they would

take if suspected, which were in-line with the provider's policy.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. The inspector found that up-to-date risk assessments were in place for restrictive practices which included the locking of cleaning materials cupboards and the external doors. Restrictive practices were regularly reviewed and provided a clear rationale for their use and reflected staff knowledge.

The inspector looked at residents' behaviour support plans which were up-to-date, regularly reviewed and developed by a suitably qualified person. In addition, plans clearly described both the behaviour of concern and recommended support strategies, which reflected staff knowledge.

The previous inspection had found that not all staff had received positive behaviour management training. Training records and discussions with staff showed that all staff had received up-to-date training in this area since the last inspection.

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 in-line with their assessed healthcare needs.

Residents' healthcare records showed that they were supported to access a range of allied healthcare professionals in-line with their assessed needs. Records showed that residents attended appointments with healthcare professionals such as psychiatrists, consultants, chiropodists and speech and language therapists. In addition, residents had access to a General Practitioner (GP) of their choice at a medical practice in the local town.

Where residents had specific medical conditions or dietary needs, the inspector found that both staff knowledge and observed practices were in-line with reviewed personal plans and professional recommendations.

Meals provided at the centre were chosen by residents and residents were involved in aspects of cooking meals subject to their abilities.

Food records maintained at the centre showed that residents had access to a varied and healthy diet as well as snacks and drinks throughout the day.

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):

No actions were required from the previous inspection.

Findings:

Although the centre's medication storage and administration practices reflected the provider's policies, suitable arrangements for the segregated storage and disposal of out-of-date or discontinued medication were not in place.

The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on administration times, route and dosage. In addition, a signature bank was maintained of all staff trained to administer medication at the centre.

The inspector reviewed protocols for the administration of 'as and when required' medication (PRN) such as emergency epilepsy medication and the management of behaviour. Protocols were up-to-date and regularly reviewed by either the residents' general practitioner or psychiatrist and reflected staff knowledge.

Medication was securely stored at the centre. However, the inspector found that arrangements were not in place for the segregated storage of out-of-date or discontinued medication. In addition, arrangements for the disposal of out-of-date or discontinued medication with a local pharmacist required improvement.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose for the centre reflected the services and facilities provided.

The inspector reviewed the statement of purpose and found that it contained all information required under Schedule 1 of the regulations and reflected the services and facilities provided. In addition, the statement of purpose was subject to regular review and available to residents in an accessible version.

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):

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

Findings:

Although residents' assessed needs were met at the centre; the provider's governance arrangements had not addressed all of the previous inspection's findings as well as actions from their own internal audits.

The provider's management structure was reflected in the centre's statement of purpose and staff knowledge. The inspector met with the person in charge and found that they were based at the centre, suitably qualified and had a good understanding of both residents' needs and their regulatory responsibilities.

However, the inspector found that the provider's governance and management arrangements had not ensured that issues highlighted by the inspector through the course of the inspection had been identified such as risk management and fire safety

arrangements. Furthermore, the inspector found that the findings of the previous inspection in relation to residents' personal plans, risk management and fire safety had not been addressed within agreed timeframes. A review of the provider's unannounced visit reports on the centre showed that actions such as the formal supervision of staff and the completion of a relatives' satisfaction survey had not been completed by the person in charge.

The inspector reviewed management audits conducted on the centre's practices by the person in charge and found that they were not robust in nature. In addition, the inspector found that audits had not been completed in-line with the provider's policies such as in the areas of medication management and infection control. The inspector further found that although the provider had undertaken unannounced visits to the centre, they had not occurred every six months as required by the Regulations.

The previous inspection had found that an annual review into the care and support provided at the centre had not been completed. The inspector found that following the last inspection, an annual review had been undertaken by the provider and was available at the centre.

The person in charge held regular team meetings with staff and minutes showed discussions on all aspects of the centre's operation such as residents' needs, accidents and incidents and the provider's policies. Staff told the inspector that the person in charge was approachable and they had no reservations in raising concerns with them.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Staffing arrangements ensured that residents' assessed needs were met. However, formal supervision arrangements were not in place and the centre's rosters did not accurately reflect the service provided. In addition, staff records did not contain all documentation required under the regulations.

The previous inspection had found that staffing arrangements did not ensure that residents' needs were met at the weekend in regards to activities of choice. During this inspection the inspector noted that additional staffing had now been allocated both during the week and at weekends. Records examined and discussions with staff reflected that since the introduction of the additional staffing, residents had improved opportunities to access activities of their choice and were supported by a suitable number of qualified staff. Residents were supported by both nursing and healthcare staff in-line with their assessed needs

The person in charge ensured that a roster was maintained and staffing arrangements reflected residents' assessed needs as described in personal plans and risk assessments. However, following closer examination of the roster and discussion with the person in charge, the inspector found that a staff member listed as working at the centre was in fact not, and was assigned to other employment within the provider organisation.

Throughout the inspection, residents were observed to receive timely support from staff in-line with their assessed needs, which was also reflected in reviewed daily activity records. Furthermore, residents told the inspector that they liked living at the centre and were supported to do activities of their choice such as personal shopping and meals out in local hotels and cafes.

Staff told the inspector that they were supported by the person in charge and attended regular team meetings where they had the opportunity to discuss residents' needs and the operational management of the centre. However, the person in charge told the inspector that although they had received training in the formal supervision of staff, this had only commenced for one staff member at the centre to date. Discussions with staff further confirmed that they had not received formal supervision, although this had been a recommendation arising from one of the provider's unannounced visits to the centre.

The inspector reviewed training records and found that staff had access to the provider's mandatory training courses in areas such as fire safety and safeguarding of vulnerable adults. In addition, records further showed that staff accessed training specific to resident's needs such as the administration of emergency epilepsy medication.

The inspector reviewed a sample of staff personnel files and found that they did not contain all information required under schedule 2 of the regulations, such as staff members' garda vetting disclosures, full employment histories and copies of staff qualifications.

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:

Stevan Orme
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 Health Service Executive
Centre ID:	OSV-0002614
Date of Inspection:	18 December 2017
Date of response:	05 January 2018

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:

Personal plan reviews did not show the involvement of residents or their representatives.

1. Action Required:

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

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

conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Personal plan reviews have been retrospectively filled in to show involvement of the residents and/or their representatives.

The final page of the annual review has been amended to include details of resident or representative attendance. See attached Appendix 1.

Proposed Timescale: 24/12/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The inspector observed general 'wear and tear' to paintwork in the centre's kitchens, sitting rooms and hallway corridors.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Quotes have been secured from 2 painters and painting of The Willows and The Ferns. Maintenance are due to have this work completed by 28/02/2018

Proposed Timescale: 28/02/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider had not identified and assessed all risks at the centre.

In addition, some identified risks did not have risk assessments in place to guide staff and risk records had not been updated to reflect changes in residents' needs.

3. Action Required:

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

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

All risks at the centre are currently being reviewed.

The absence of a smoke alarm in the smoking shed has been informed to our maintenance department and one will be fitted in January 2018.

All risks in the centre will be picked up by a regular Health and Safety environmental audit

All resident files are currently under review and will be subject to regular audits to ensure that the risk assessments reflect the changing needs of our residents.

Schedule of Audits now in place (See appendix 3).

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Residents' 'Personal Emergency Evacuation Plans' did not contain information on staffing levels required to safely evacuate residents in the event of an emergency.

4. 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:

All Personal Emergency Evacuation Plans have been updated to include the staffing levels required to evacuate each resident.

Proposed Timescale: 19/12/2017

Theme: Effective Services

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

Simulated fire evacuation drills had not been conducted under minimal staffing conditions to assess their effectiveness.

5. 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:

A simulated night time fire drill under minimal staffing arrangements (2 staff) has taken place.

Fire drill will continue to be carried on a monthly basis.

Proposed Timescale: 18/12/2017

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 arrangements were not in place for the segregated storage and safe disposal of out-of-date or discontinued medication.

6. 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:

Out of date or returned medicines are now stored in a separate container and returned to pharmacy who has signed off on same.

Proposed Timescale: 22/12/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider's governance arrangements had not identified issues highlighted by the inspector. In addition, the findings of the centre's previous inspection and internal audits had not been addressed within agreed timeframes.

The inspector found that management audits were not robust in nature or completed in-line with the provider's policies.

7. 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:

All actions Identified for previous inspection and own internal audits are now identified on Quality Improvement Plan (QIP) all actions highlighted have a particular timeframe, and this is checked weekly by Director of Nursing.

A new governance arrangements are now in place to support the provider with

unannounced inspections monitoring and sustaining of actions.
An annual schedule of audits is now in place and this will be monitored by the PIC
ADON and DON.
Actions identified for these audits will be imputed on to the QIP and monitored weekly
by the DON.
Supervision of all frontline staff has commenced and will be completed by 31/01/2018

Proposed Timescale: 31/01/2018

Theme: Leadership, Governance and Management

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

The provider had not conducted unannounced visits of the centre in accordance with regulatory requirements.

8. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Additional governance by the Director of Nursing will support the Provider to carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined.

Proposed Timescale: 17/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The roster did not accurately reflect staffing arrangements at the centre.

9. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The roster has been amended to reflect actual staff working in the centre.

Proposed Timescale: 19/12/2017

Theme: Responsive Workforce

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

Staff personnel files did not contain all information required under Schedule 2 of the regulations.

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

An Audit of documents as specified in Schedule 2 has taken place.

Staff files will contain full employment histories by 31st January 2018.

Staff qualifications are being sought and will be in place by 31st March 2018.

Garda vetting has been applied for by all staff.

PIC will continue to monitor documents as specified in Schedule 2 to ensure completion.

Proposed Timescale: 31/03/2018

Theme: Responsive Workforce

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

Formal supervision arrangements were not in place for staff.

11. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Formal supervision commenced on 1st January 2018.

All staff (other than those out on long term sick leave) will have received their first formal supervision session by 31st January 2018.

Proposed Timescale: 31/01/2018

