



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

Issued by the Chief Inspector

Name of designated centre:	The Laurels
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	21 September 2023
Centre ID:	OSV-0003602
Fieldwork ID:	MON-0034658

About the designated centre

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

The Laurels is a designated centre operated by St Michael's House. It is located in a busy Dublin suburb. The centre provides a residential service to five adults. The service can accommodate both males and females who have a moderate to profound intellectual disability and who may also have complex health needs, mental health needs, autism, behaviours of concern, and mobility needs. Residents are supported by a team of nurses, social care workers and direct support workers. The centre is managed by a person in charge with support from a nurse manager and senior manager. The centre aims to provide residential care in a homely environment where people feel happy, safe, valued and cared for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 21 September 2023	09:40hrs to 17:40hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the designated centre. From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good standard of care and support in the centre. However, aspects of the service required improvement to ensure that the service was safe and delivered in line with residents' assessed needs.

The centre comprised a large single-storey house in a busy Dublin suburb. It was very close to many amenities and services including shops, cafés, and public parks. The inspector carried out a thorough walk-around of the centre with the person in charge. The communal areas included a kitchen dining area, sitting room, sensory room, bathrooms, and garden space. There was also an office and storage room. Residents had their own bedrooms, and they were nicely decorated to their individual tastes.

Since the previous inspection of the centre in August 2022, parts of the centre had been renovated, for example, there was new flooring, repainting, and new radiators. The provider was planning on renovating the kitchen and storage room the week after the inspection, and the person in charge told the inspector that the sensory room was also to be enhanced. Overall, the inspector found the centre to be homely, clean, bright, and comfortable.

The inspector observed good fire safety arrangements, for example, fire doors closed fully when released and the fire panel was addressable and located in an easily accessible area in the hallway of the centre. The inspector also observed good infection prevention and control (IPC) arrangements, for example, hand-washing facilities were readily available. The premises, fire safety, and IPC are discussed further in the quality and safety section of the report.

The inspector met all of the residents during the inspection. They communicated in different ways using verbal and non-verbal means, such as eye contact and gestures. The residents did not communicate their views on the service to the inspector. However, one resident told the inspector about their favourite television programme, and that they were going to a café later in the day. During the inspection, residents engaged in different activities, such as going to the park, café, watching television, and attending well-being meetings.

The provider's recent annual review of the centre had consulted with residents, and their feedback was positive, noting that they felt safe and well cared for.

The inspector spoke with a resident's family member who was visiting the centre during the inspection. They told the inspector that they were very happy with the care and support provided in the centre, and that their loved one was safe and happy. They had no concerns, and said that there was good communication

between the staff team and resident's family.

During the inspection, the inspector also spoke with different members of staff including the person in charge, service manager, direct support workers, and an agency staff nurse. The inspector observed staff engaging kindly with residents, and residents appeared to be relaxed and familiar with the staff supporting them.

The person in charge spoke warmly about the residents as they told the inspector about their varied and complex needs. They said that residents received an excellent service in the centre, and that their needs were supported by the provider's multidisciplinary team. There were some safeguarding concerns in the centre, and some residents had behaviours of concerns. However, the person in charge told the inspector that the associated care plans were effective in leading to a reduction in incidents. They told the inspector about the different social and leisure activities that residents enjoyed, such as attending day services, walks, cinema, day trips to the beach, visiting family, and eating out. The centre shared a bus with another centre to facilitate community activities. They described the staff team as being good advocates for residents. They were satisfied with the staff complement, however they felt that the skill-mix could be enhanced with the addition of housekeeping staff. The person in charge had completed human rights training and spoke about how it promoted reflective practices.

There was one resident vacancy at the time of inspection and the person in charge and service manager told the inspector about the new proposed admission to the centre. The proposed resident had visited the centre with their family to view the premises and to meet the residents and some of the staff. The provider's multidisciplinary team had been very involved in the admission process, and management team were satisfied that the prospective resident was compatible with the residents currently living in the designated centre.

Two direct support workers also spoke with the inspector. They said that they felt residents received good person-centred care and support which was delivered by a committed staff team. They demonstrated that they knew the residents' personalities and assessed needs well, and told the inspector about various aspects of residents' behaviour support plans, emergency evacuation plans, and dietary support plans.

Staff spoken with also demonstrated a good awareness of the safeguarding procedures, and said that the associated plans were effective in protecting residents from abuse. They said that residents had choice and control over their lives, for example, they chose their activities and meals. Activities were planned during residents' weekly house meetings. The inspector reviewed a sample of recent staff meeting minutes which recorded discussions on activities, complaints (easy-to-read complaints information was also displayed in the hallway), safeguarding, fire safety, maintenance issues, IPC, and residents' rights. During the inspection, staff were planning a day trip for residents to a sensory garden.

The direct support workers spoken with expressed their satisfaction with the supervision and support they received, and felt comfortable raising concerns with

the nurse manager. However, they were concerned about the suitability of the night-time staffing arrangements. They also spoke about some of the IPC arrangements in the centre which are discussed further in the report.

The agency nurse had previously worked in the centre, and told the inspector that they had received a thorough induction. They said that residents received good care and had no concerns about the service provided to them.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to support the delivery of service that was safe, consistent and appropriate to residents' needs. However, the inspector found that improvements were required in the areas of staff development, notification of incidents, the written agreements on residents' residence in the centre, and on the overall oversight of the quality and safety of the service provided in the centre.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and had responsibility for two centres. They were supported in their role by a nurse manager, and reported to a service manager. There were systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of the service through annual reviews, six-monthly reports, and a suite of other audits. However, better oversight of the service was required, for example, the medication management arrangements were poor and had not been self-identified by the provider as requiring improvement.

The staff skill-mix in the centre comprised nurses, direct support workers, and a social care worker. The skill-mix was appropriate to meet the assessed needs of the residents and for the delivery of safe care. The inspector was informed that the management team were planning on further reviewing the staff complement and skill-mix to consider the suitability of the night-time arrangements and for potential addition of housekeeping staff. There were some vacancies in the centre's overall staffing complement however, they were managed well to reduce any potential adverse impact on residents.

Staff working in the centre were required to complete training as part of their continuous professional development and to support them in the delivery of appropriate care to residents. The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with advised the

inspector that they were satisfied with the support they received. However, not all staff had received formal supervision in line with the frequency and time-lines set out in the provider's policy.

Staff attended team meetings which provided an opportunity to raise any potential concerns. Recent team meetings noted discussion on restrictive practices, residents' needs, staff training, audits, premises, the prospective new admission to the centre, and safeguarding concerns.

The provider had prepared written policies and procedures on the matters set out in Schedule 5. The provider had also prepared a written statement of purpose that contained the information set out in Schedule 1.

The provider had also prepared written agreements on the residents' residence in the centre however, the inspector found discrepancies in the agreements in relation to the fees to be paid.

The person in charge had not notified the Chief Inspector of Social Services of all incidents in the centre in accordance with the requirements of regulation 31.

Regulation 15: Staffing

The staff skill-mix in the centre was appropriate to the needs of the residents, and consisted of the person in charge, nurse manager, nurses, direct support workers and one social care worker. Due to the needs of the residents, there was always at least one nurse on duty.

Vacancies in the staff complement were well managed to reduce any adverse impact on residents, for example, permanent staff worked additional hours, and regular agency and relief staff were used to support continuity of care for residents.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The training included positive behaviour support, safe administration of medication, infection prevention and control, manual handling, and first aid. Additionally, as noted in the first section of the report, some staff were also

undertaking human rights training.

The inspector reviewed a log of the staff training records provided by the person in charge, and found that the majority of the training was up to date. However, two staff required refresher training in the safeguarding of residents from abuse.

The person in charge provided informal and formal supervision to staff. Formal supervision was to be carried out quarterly as per the provider's policy. The supervision records showed that some staff were overdue formal supervision, including one staff who had last had it in 2021, which posed a risk to their professional development.

However, there were good informal supervision and support arrangements, and staff spoken with told the inspector that were satisfied with the support they received. In the absence of the local management team, staff could contact the service manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

The person in charge had ensured that copies of the Health Act 2007 (as amended), and the associated regulations and standards were available to staff in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the registered provider had ensured that the centre was resourced to deliver effective care and support to residents however, the inspector found that aspects of the service required improved oversight.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was based in the centre and supported in their role by a nurse manager. The nurse manager had protected time for their duties which included supervising staff, planning staff rotas, and day-to-day management of the centre. The person in charge reported to a service manager who in turn reported to a Director of Care. There were arrangements for the management team to communicate and escalate issues.

The provider had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (had consulted with residents and their representatives, and their feedback was very positive) and six-monthly reports were carried out, and local audits had also been carried out in areas, such as infection prevention and control, finances and medication. However, the findings of this inspection, particularly under Regulations 29 and 31, showed that better oversight of the service was required to ensure that it is safe and that regulatory responsibilities were being met.

There were arrangements for staff to raise concerns. In addition to the supervision

and support arrangements, staff also attended team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that proposed admissions to the centre were being managed in line with the statement of purpose and associated policies. There was one resident vacancy and the provider had ensured that the needs of a prospective resident were carefully considered to ensure their suitability and compatibility with the other residents. The prospective resident and their representatives had had the opportunity to visit the centre.

Written agreements had been prepared for residents on the terms of their residence. The inspector reviewed the agreements with the person in charge, and found that some of the agreements required more clarity and description in relation to fee charges.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised in June 2023, and available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all adverse incidents in the centre were notified to the Chief Inspector as per the requirements of this regulation, for example, an outbreak of a notifiable disease and loss of power in the centre had not been notified.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to.

The inspector reviewed a sample of these policies and procedures which included behavioural support, the use of restrictive procedures and restraints, residents' personal property and finances, visitors, medication management, and complaints.

Of this sample of policies, it was found they had been reviewed within the previous three years, and were available to staff in electronic and paper format.

Judgment: Compliant

Quality and safety

The inspector found that aspects of the care and support provided to residents was safe and of a good quality. However, some improvements were required to ensure that the overall service provided in the centre was consistent and appropriate for residents' optimum well-being.

The inspector found that the medicine practices in the centre required improvement as they were not in accordance with the provider's associated policy, and posed a risk to residents' well-being. These practices, particularly in relation to the administration of medication, required improved oversight to ensure that residents received their medication as prescribed.

The premises comprised a large house close to many amenities and services. The premises were well equipped and provided sufficient communal space for residents, including outdoor spaces. Residents had their own bedrooms which were personalised to their individual tastes. The provider had plans to renovate the kitchen, however overall the inspector found the premises to be clean, well maintained, and comfortable.

There were good IPC measures and arrangements to protect residents from the risk of infection, however enhancements were required to meet optimum standards, for example, the infection outbreak plan had not been updated to reflect learning from a recent COVID-19 outbreak.

There were effective fire safety systems implemented in the centre. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared, and were tested during fire drills. Staff completed fire safety training, and residents were reminded of fire safety

during residents' meetings.

Staff completed training in positive behaviour support and plans were developed to support residents with their behaviours of concern. There were some restrictive practices in the centre, including environmental and physical interventions. The rationale for the use of the restrictions was clear and had been approved by the provider's oversight group. However, improvements were required in the recording of the use of the restrictions and the gaining of consent from their residents and representatives.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Regulation 17: Premises

The centre comprised a large-single storey house in a busy Dublin suburb. Parts of the premises had been renovated and redecorated since the previous inspection, and the provider had further plans to replace the kitchen and upgrade the storage facilities. The sensory room was also undergoing enhancement.

Overall, the centre was found to be clean, bright, warm, comfortable, and well maintained. There was sufficient communal and living space, and adequate bathroom facilities. Residents had their own bedrooms which provided sufficient space and were decorated in accordance with their personal tastes. Servicing records for equipment used by residents, such as overhead hoists and electric beds, indicated that they were up to date with their servicing requirements.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects were found to require improvement.

There was a suite of policies and procedures on IPC for staff to refer to, and the person in charge had prepared risk assessments on COVID-19 and IPC matters. The person in charge had also prepared an infection outbreak plan. The plan was put into force during an outbreak of COVID-19 in August 2023. Staff told the inspector about the measures taken to reduce the spread of the infection, such as increased

cleaning and use of personal protective equipment (PPE). However, the residents had not self-isolated in the manner described in the plan, and the plan had not been updated following the outbreak to reflect these changes.

The centre was clean and tidy. Staff in the centre were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. There were cleaning chemicals with safety data sheets, and colour coded-cleaning products were used to reduce the risk of cross contamination of infection.

However, the inspector found that the recording of cleaning duties required better oversight to ensure that they were completed, for example, there were gaps in the daily cleaning records including during the recent outbreak. The washing machine appeared to be clean, however the cleaning records had not been completed in 2023.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems. There was fire detection and fighting equipment, and emergency lights in the centre, and there were arrangements for the regular servicing of the equipment. Staff also completed regular fire safety checks. The inspector observed that the fire doors, including bedroom doors and the kitchen door, closed properly when released. The fire panel was addressable and easily located in the hallway with information on its different zones.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. Fire drills were carried out to test the effectiveness of the evacuation plans, and the person in charge had scheduled an upcoming drill to reflect a night-time scenario.

Some of the exit doors were key operated however, the provider had planned for them to be fitted with easy open mechanisms to support prompt egress in the event of an emergency.

Staff had completed fire safety training, and told the inspector about some of the fire precautions and supports that residents required when evacuating.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the practices for the administration of medicines in the centre did not align with the provider's medication management policy.

Furthermore, the inspector (with the person in charge) reviewed residents' medicine records including recent medicine administration sheet records, and found discrepancies that posed a risk to residents' health and well-being, for example:

- Administration records did not record on several days and occasions if all residents had received their prescribed medicines.
- Administration records showed that some medicines were not administered at the correct times.
- Some residents' medications were modified from their original form before administration, for example, tablets were crushed. However, the person in charge could not provide documented directions from the prescriber to show the inspector that these practices were appropriate.
- Some medicines were not labelled to indicate that if they were still appropriate to use.
- Duplicate medication administration sheets containing conflicting information were in use for one resident. This practice posed a potential risk for medication errors to occur.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they completed positive behaviour support training and there was a written policy to guide their practices.

Behaviour support plans had also been prepared, and were signed by staff to indicate that they read them.

There were some environmental and physical restrictive practices in the centre including bed rails and physical holds. The rationale for the restrictions was clear, and had been approved by the provider's oversight group.

However, the inspector found that the use of the restrictions was not been properly recorded to demonstrate that they were used for the shortest duration necessary.

Furthermore, improvements were also required to demonstrate when residents and their representatives were last consulted with about use of the restrictions.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with able to describe the safeguarding procedures. The inspector found that safeguarding concerns were reported and screened, and safeguarding plans were developed as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Laurels OSV-0003602

Inspection ID: MON-0034658

Date of inspection: 21/09/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training:</p> <ol style="list-style-type: none"> 1. PIC sent an up to date training audit for The Laurels on the 26th of September 2023. 2. Two staff members have completed the Safeguarding Vulnerable Adults training on the 28th of September 2023. <p>Completed: 28th of September 2023</p> <p>Formal Supervision:</p> <ol style="list-style-type: none"> 1. Staff supervision scheduled with staff for the remainder of 2023. All staff will have completed all formal supervision as per SMH Policy. <p>Compliance date: 31st December 2023</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> <ol style="list-style-type: none"> 1. Staff supervision scheduled with staff for the remainder of 2023. All staff will have completed all formal supervision as per SMH Policy. <p>Compliance date: 31st December 2023</p>	

2. Notifications of Incidents:

- NF39 D were sent retrospectively for Quarter 1 and Quarter 2 year 2023.
- NF02 was submitted for outbreak of notifiable diseases.
- NF09 was submitted for power outage.
- PIC has discussed at staff meeting on the 17th of October 2023 the list of notifiable events as stated in the Monitoring notifications handbook (HIQA) and the importance for staff to make PIC/PPIM aware of this occurrence of events in the centre.

Completed: 19th of October 2023

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

1. Housing Compliance and Tenancy Support Manager met with PIC and staff on the 17th of October 2023 at the staff meeting; RSSMAC and clarity was given on what was been charged.

Compliance date: 17th October 2023

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

1. NF39 D were sent retrospectively for Quarter 1 and Quarter 2 year 2023.
2. NF02 was submitted for outbreak of notifiable diseases.
3. NF09 was submitted for power outage.
4. PIC has discussed at staff meeting on the 17th of October 2023 the list of notifiable events as stated in the Monitoring notifications handbook (HIQA) and the importance for staff to make PIC/PPIM aware of this occurrence of events in the centre.

Completed: 19th of October 2023

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. IPC standard and cleaning was discussed at the staff meeting on the 17th of October 2023; All cleaning logs were audited by PIC; Shift leaders will ensure all logs are completed daily; PIC to check all cleaning logs on a weekly basis. 2. Infection Outbreak Plan has been reviewed and updated on the 21st of September 2023 by PIC following COVID-19 outbreak and was discussed at staff meeting on the 17th of October 2023. 3. PIC met up with The Laurels IPC Link Practitioner to ensure optimum standard are enhanced and maintained particularly on the IPC audits and cleaning standards. PIC will meet with Link Practitioner once a month to monitor governance on IPC. 	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. Meeting held with all Staff Nurses on the 22nd of September 2023 and discussed medication management. 2. All drug errors were completed and reported in line with SMH Safe Administration Medication (SAM). 3. All residents Medication Administration Sheet (MAS) were sent for review on the 22nd of September 2023 by SMH General Practitioner. All duplicates of MAS were removed from residents medication management folder and filed away. 4. All administration of medications administered by two staff from 22nd of September 2023 and will be reviewed on the 25th of October 2023 to ensure safe medication administration; PIC introduced 'double-checking' of medications signed off sheet for every residents in The Laurels. 5. All relevant medications were labeled and the importance of medication labelling was discussed on 22nd of September 2023 at staff nurse meeting. 6. PIC has increased the auditing system to twice a week to ensure standard of practice medication management is in place. 7. Medication Management training on HSEland has been completed by all staff nurses. <p>Compliance date: 31 October 2023</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none">1. Recording of the use of restrictive practice has been reintroduced on the 22nd of September 2023 and the log of use of restrictive practice was further discussed at staff meeting on the 17th of October 2023.2. Residents and representatives have been informed by key workers and PIC and gained consent for the implementation of restrictions on the 21st of September 2023. <p>Completed: 21st of September 2023</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate,	Substantially Compliant	Yellow	17/10/2023

	the fees to be charged.			
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	31/10/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/10/2023
Regulation 31(1)(b)	The person in charge shall give the chief inspector notice in writing within 3 working	Not Compliant	Orange	19/10/2023

	days of the following adverse incidents occurring in the designated centre: an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.			
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	11/10/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	21/09/2023
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	21/09/2023

	necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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