



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area G
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	09 April 2024
Centre ID:	OSV-0004089
Fieldwork ID:	MON-0034466

## About the designated centre

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

Community Living Area G is located in Co.Laois and can provide residential care for eight male or female residents over the age of 18 years. There are eight residents currently living in the centre. The centre caters for individuals with an intellectual disability and autism. The centre consists of two single story dwellings linked together and is known as "The Cottages". The premises have been adapted to meet the needs of the residents. Staff are present throughout the centre both day and night to meet the needs of residents availing of the service. The staff team consists of nurses, social care workers and support workers. Residents are supported by the staff team, a social care leader and the person in charge. A range of multi-disciplinary supports are also available to residents, if needed, through a referral process. The local area offers a wide variety of facilities including shops, clubs, pubs, cafés and restaurants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

6

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
Tuesday 9 April 2024	08:30hrs to 15:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an announced inspection which was conducted to assist in determining the provider's application to renew the registration of this centre. The designated centre comprised of two separate houses which were adjacent to each other and located in a small town in Co. Laois. The centre was registered to cater for up-to-eight residents and there were two residential vacancies at the time of inspection. One of the houses could cater for five residents and the other could accommodate three. The inspector met with five of the six residents who used this service and also five staff members, including the person in charge.

The inspector found that residents enjoyed living in this centre and they were supported by a kind and considerate staff team. Many aspects of care which were examined were held to a good standard but personal possessions, premises and fire safety required adjustments to ensure that these areas of care were held to a good standard at all times. Residents who used this service required medicinal input to assist in maintaining good health, with one resident requiring a complex sliding scale of a high risk medication. One this inspection, the inspector found that this area of care required significant improvements as administration records reviewed showed that this medication was not always administered as prescribed. In addition, there was a control liquid medication held in the centre and the inspector found that the twice daily checks conducted, were held to a poor standard. Furthermore, a resident was prescribed a rescue medication; however, the associated protocol for it's administration was not in line with recommendations from their specialist consultant.

The centre's exterior had an old time feel and it was been extensively renovated which gave it's interior a modern, yet homely feel. Residents in both aspects of the centre had their own spacious bedrooms which they had personalised and there were an ample number of shared and ensuite bathrooms for residents use. Each house also had a pleasant open plan sitting/dining and kitchen area which had large windows that let in natural light and gave the centre a bright and airy feel. Residents' bedrooms were spacious, warm and comfortable. One resident loved farming and they had pictures of farm animals and farm life in the room, along with a collection of tractors. They also had a large television and staff members stated that this resident loved to relax in bed and watch various farming television shows. Other residents had also personalised their bedrooms with photographs of family and friends.

The inspector attended both houses throughout the inspection and found that the overall centre had a very pleasant and homely feel. There was a very relaxed atmosphere and support was offered to residents in a manner which suited their needs and preferences. The inspection commenced in one house where one resident was having their breakfast, one was ready for the day and the remaining resident was having a sleep on. Both residents who were up were very chatty and they interacted with each other and staff in a friendly and familiar manner. One resident showed the inspector their bedroom prior to leaving for their day service and the

other resident spoke with inspector over breakfast. This resident discussed their life and they explained that they were very happy in their home and that staff were very nice. They discussed their day service and how they like attending and also explained that staff were good at supporting them to get out and about in the local community. Throughout the day, the inspector met all three residents in this house. In the afternoon of inspection, the inspector spoke with another resident who was retired. This resident was relaxing in the sitting room and they had just been visited by a number of friends which was a regular occurrence. They spoke with the inspector while they were waiting to play Telebingo and they explained that they loved buying their ticket and playing this game every day. They explained that they had recently booked a trip to Lourdes and that they had been supported to order their passport which was due to arrive any day. They were really looking forward to this trip and they discussed how staff were going to go with them for support. They also stated that they were very happy in the centre and that staff were also very nice. When attending this aspect of the centre, the inspector observed that the supporting staff member was very knowledgeable in regards to residents' needs and residents referred to them frequently for assistance and also just for a chat.

The second aspect of this centre could accommodate up-to-five residents but there were two residential vacancies on the day of inspection. The inspector met with two of the residents who were using this service. Again, this house had a very pleasant atmosphere with residents going freely about their own affairs on the morning of inspection. One resident was having their breakfast independently and they sat and chatted openly with the inspector. They explained that the staff were very nice and that they felt safe in their home. Again, they stated that they got on with everyone really well and they enjoyed living here. The resident spoke about their life, where they were born and the support which they received from their family. They explained how they planned to stay with their sister for a break over the summer and how they enjoyed these visits. When asked about their plans for the day, they smiled and discussed how they had an appointment in the beauticians. They were excited about their appointment as they were preparing to attend a family wedding and they said that "they wanted to look nice". The inspector met with the second resident later in the late morning. Again, they were very happy and relaxed in the centre and they interacted with the inspector in a jovial manner. This resident had a good sense of humour and it was clear that they enjoyed a bit of banter with staff who responded accordingly. They had a love of animals and they showed the inspector their phone which had numerous photographs of pets and farm animals which their family had. The frequently visited their family to see these animals and they also had a recent trip to Dublin zoo.

It was clear that residents' welfare and well being was to the forefront of care in this centre. Staff who met with the inspector had detailed knowledge of residents' care needs and they spoke warmly when interacting with and referring to residents. The inspector also observed staff chatting with residents about their day and assisting them with lunch and activities. Residents enjoyed an active lifestyle and some were out and about on the day of inspection with their respective day staff. Documentation reviewed indicated that residents liked to go shopping, have meals out and also visited local areas of interest. Some residents were retired and they

had joined knitting groups and also enjoyed baking and cooking in the centre.

Overall, the inspector found that day to day life was very pleasant for residents. They were well supported with their needs and staff who were on duty were kind and considerate in their approach to care. In general, care was held to a good standard; however, some areas of care required adjustments including fire safety, personal possessions and the premises. In addition, medication management required further attention to ensure that this area of care was held to a good standard at all times. These issues will be discussed in the subsequent sections of this report.

## Capacity and capability

The inspector found that residents generally enjoyed living in this centre and they were supported by a good quality of social care. Staff were also very pleasant and they received sufficient support and training to fulfill their duties. However, as mentioned earlier in the report, some areas of care required adjustments but medication management required significant improvements in order to ensure this area of care was held to a sufficient standard.

The person in charge facilitated this inspection and they were found to have a good understanding of the centre, residents' needs and of the resources which were implemented to meet these needs. They openly discussed the day-to-day operation of the centre, including the oversight risks and incidents, residents changing needs and also the management of complaints.

The provider had appointed a person in charge who had both the capacity and the capability to fulfill the duties of this role. The provider had also identified a senior manager to offer additional support to the centre. It was also clear that they promoted a service which was safe and met the personal and social needs of residents. In addition, the provider had recommended a range of internal audits to monitor day-to-day care practices including finances, fire safety and trends in incidents and accidents. All audits and reviews required by the regulations were also completed which also assisted in ensuring that care was generally held to a good standard. Although audit and oversight arrangements were in place, the audit of medications was not specific enough to monitor and oversee the administration of complex medications and control drugs. As discussed throughout this report, management of the administration of complex, high risk medications required review as administration errors were found on this inspection. In addition, internal medication audits did not identify these errors and discrepancies in regards to a control drug. The issue in regards to the administration of complex, high risk medication was discussed with the person in charge who took these errors seriously. In addition, they outlined plans to move this resident to an automated device for this medication and staff were scheduled to undertake training in the use of this device.

Staff who were on duty had a very pleasant approach to care and they actively assisted in creating a warm and homely environment. The person in charge also scheduled house meetings and supervision sessions which facilitated a formal review of both performance and care within the centre.

Overall, the inspector found that the provider had ensured that residents' wellbeing and welfare was promoted. Residents generally had a good quality of life and they were supported by a trained and informed staff team.

### Regulation 15: Staffing

The person in charge maintained both a planned and actual rota which clearly set out the staffing allocation for the centre. Each house in the centre were supported by a night duty staff. One house had two-to-three staff during day time hours and the other was supported by one staff member. In addition, this house had an additional five hours allocated on each Saturday for social outings.

The person in charge openly discussed challenges which the centre had faced in terms of staffing resources; however, these had subsided in recent months and a stable staff team was in place on the day of inspection.

Staff who met with the inspector had a good knowledge of resident's individual and collective needs and the inspector observed very pleasant interactions between staff and residents throughout the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could support the assessed needs of residents. Staff had completed mandatory training in areas such as safeguarding, fire safety and the safe administration of medications. Additional training had also been facilitated in areas such as epilepsy and diabetes, and staff who met with the inspector had a good understanding of these areas of care.

The person in charge had a schedule of staff team meetings and individual supervision sessions which promoted both staff development and an open and transparent culture. Staff who met with the inspector stated that they felt supported in their roles and they could openly discuss care within the centre.

Judgment: Compliant



## Regulation 23: Governance and management

There was good oversight of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge, nurses and staff members had a schedule of internal audits which provided assurances in regards to the oversight of care.

The provider's last six-monthly audit found that the centre provided a good quality service and they examined areas of care including staffing, risk management, complaints, safeguarding and the local oversight of care. In addition, the centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year. Both the centre's annual review and unannounced audit gave a good account of residents' lives and how they were consulted in regards to their home and decisions about their care. The inspector found that these arrangements promoted an open and transparent culture within the centre. Although there were oversight and audit systems in place, the audit of medications required significant review to allow for more detailed monitoring of a complex medication and a control drug.

The centre also had a clear management structure with the person in charge responsible for the day-to-day operation and oversight of care. They were based in the centre and supported by nurses which were on duty for each shift. In addition, a senior manager also assisted in the oversight of care and an out-of-hours service ensured that managerial cover was available to staff at all times of the day and night.

Judgment: Substantially compliant

## Regulation 30: Volunteers

There were no volunteers in place on the day of inspection. Residents had a good relationship with each other and some residents were frequently visited by friends from outside the centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

Information in regards to complaints were clearly displayed and the provider had appointed two people to manage any received complaints. The centre had an open and transparent culture and residents who met with the inspector said they were

happy and could go to any staff member if they had a concern.

There was one active complaint on the day of inspection and detailed records were maintained in regards to the both meetings and correspondence with the complainant. The complaint involved several aspects in relation to the provision of care and it was clear that the provider had taken these issues seriously. The person in charge outlined how several of these issues had been resolved but the complaint who remain open until complaint had been fully addressed.

Judgment: Compliant

## Quality and safety

The inspector found that residents enjoyed living in this centre which they considered their home. They were well supported in relation to community access and it was clear that their safety and wellbeing was promoted. Although the centre was a pleasant place in which to live, the oversight of residents' finances and fire safety required review, and improvements were also required in regards to long terms leak in the centre's roof. In addition, significant improvements were required in relation to management of medicinal products. This areas will be discussed in the subsequent section and regulations.

Residents who used this service had varying needs with some requiring significant medicinal input to ensure they were in good health. A specific medication regime was in place for one resident. This regime outlined the use of regular medication which was also supported through the use of an as required medication. Staff who were on duty had a good understanding of this regime. However, records which were reviewed indicated that this regime was not always followed correctly, with two recent medications errors identified by the inspector. In addition, the inspector also found that practice in regards to the oversight of a control medication was of a poor standard. Furthermore, a resident was prescribed a rescue medication; however, the associated protocol for it's administration was not in line with recommendations from their specialist consultant.

Both houses in this centre supported residents with different levels of needs. In one house, residents required higher support with their safety, personal care, nutrition and social needs. In the other house, residents required less supports in these areas of care but they still required a moderate level of care. Residents in both house enjoyed social activities and staff who met with the inspector had a good understanding of their personal interests. A review of records indicated that residents were out and about on a daily basis. Throughout the inspection residents came and went as they attended a farm, beauty appointment and were visited by friends. The residents were also supported to identify and achieve personal goals. One resident spoke excitedly about their goal of going to Lourdes and they explained how it was fully booked and they were supported by staff to get their

passport. They also had goals of joining local community groups such as a knitting circle and they explained how they were looking forward to achieving all their goals.

Fire safety was taken seriously by the provider. Fire safety training had been completed by all staff members and those who met with the inspector had a good understanding of residents' collective and individual evacuation requirements. The centre had fire procedures on display and a fire alarm system was in place to give warning of fires. Fire safety equipment such as emergency lighting, fire detection and fire extinguishers also had a completed service schedule in place. Even though fire safety was promoted, improvements were required, for example, two fire doors were damaged and two other fire doors were not closing fully when activated, with both of these issues impacting on fire containment in the centre. In addition, although completed fire drills clearly showed that residents could evacuate the centre across all shift patterns, improvements were required to ensure that residents could leave the centre, in the event of an emergency, in a prompt manner.

The inspector observed that residents were treated with dignity and respect throughout the inspection and that staff were patient in their approach to care. Throughout the inspection staff were observed to chat freely with residents and they kept them informed of plans for the day and also offered choice in regards to meals, snacks and activities. Staff in both houses facilitated scheduled meetings which residents attended to discuss the running and operation of their home. In addition, staff used these meetings to convey information to residents such as safety issues, visitors to their home or upcoming maintenance.

The inspector found that residents enjoyed a good quality of life and they were supported by a staff team who actively promoted their wellbeing and welfare. Although some areas of care required adjustments, overall the centre was a pleasant place in which to live.

## Regulation 11: Visits

Residents were well supported to meet up with their family and friends, and they were also well connected with their local community. The centre had ample space for residents to receive visitors and on the day of inspection a resident's two friends popped in for a visit.

Residents also had access to the centre's phone and also their own personal phone to keep in contact with their individual families. A resident who met with the inspector had pictures on their phone of recent family visits and staff explained that they loved to meet up with their brother for a chat and also to see their pet farm animals.

Judgment: Compliant

## Regulation 12: Personal possessions

The residents had their own bedrooms in which to keep their personal possessions. Each bedroom had adequate storage for their clothes and personal items which had meaning to them.

Residents who used this service required assistance with managing their finances. One resident had a private bank account while others had a financial arrangement with the provider that operated this centre to oversee their personal accounts. Although staff were maintaining records of financial transactions for the resident who held their own bank account, the inspector found that the oversight arrangements required some improvements to promote the safeguarding of their finances.

Judgment: Substantially compliant

## Regulation 17: Premises

The centre comprised two separate houses which were located on the same urban site. Both houses were large and plans were in place power hose and tidy up the exterior of both houses following the extended period of poor weather. Each resident had their own bedroom and there was ample space in each house for residents to relax.

Residents had suitable lockable storage space and there were accessible laundry facilities in both houses for residents to use, if they so wished. Both houses in the centre were bright and homely in nature and furniture was comfortable and met the needs of all residents, including those with reduced mobility.

Although, the centre was generally well maintained, a persistent unresolved leak in the roof of one of the houses, detracted from the homeliness of this property.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Risk management and the response to incidents underpin the safety of care which is provided to residents. Management of the centre had a good understanding of the risks which had the potential to impact upon the provision of care with risk assessments in place for relevant issues such as falls, diabetes and epilepsy.

In addition, the provider had a system for identifying, recording and responding to

incidents. The person in charge held responsibility for identifying trends which had the potential to impact upon care.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was clean and well maintained to a visual inspection. Hand sanitising stations were readily available throughout the centre and staff were observed to frequently wash and sanitise their hands. Personal protective equipment (PPE) was also freely available to staff.

Staff members had also received additional training in regards to infection prevention and control, hand hygiene and the use of PPE.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was promoted in both aspects of the designated centre. Staff clearly demonstrated a good knowledge of fire procedures and they had completed fire safety training. The provider had an up to date service schedule in place for fire safety equipment and staff were completing scheduled reviews to ensure that fire safety measures.

Although fire safety was generally promoted, improvements were required to ensure that all fire doors were well maintained and would close in the event of a fire occurring. In addition, further improvements were also required to ensure that residents could be evacuated from the centre in a prompt manner should a fire occur.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Supporting residents with their medications requires stringent oversight of practice to ensure that all medications are administered as prescribed. In this centre some residents had significant healthcare needs and one resident had a detailed medication sliding scale regime to support their good health. The regime required staff to titrate their medication based upon fluctuating health monitoring which they completed. The inspector reviewed this regime and associated health monitoring and found that medications were not always administered as they should be. For

example, in the weeks prior to the inspection, the resident received nearly twice the recommended dose of prescribed medication on one occasion and on another occasion the resident received less than the recommended dose. This was a significant issue as the medication administered could be considered a high risk medication.

In addition, there was a control liquid medication held in the centre and the inspector found that the twice daily checks conducted, were held to a poor standard. There were incorrect volumes of this medication calculated after administration and the provider failed to account for accessions when this medication was administered while they were in the care of their family. Due to the multiple errors, the provider had to assure themselves, during the inspection, that the volume of control medication in stock was accurate. However, when checked, it was incorrect.

Furthermore, a resident was prescribed a rescue medication; however, the associated protocol for its administration was not in line with recommendations from their specialist consultant.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents had a good social life and they were supported by a team who promoted their inclusion in the local community. The staff team also had a good understanding of residents' needs and preferences in regards to care and they were guided in the practice through experience of working in the centre and also by personal plans which were in place for each resident.

Personal planning which detailed resident's individual needs was held to a good standard with regular reviews ensuring that residents' changing needs would be identified and accommodated.

Residents were also assisted to identify and achieve personal goals with some residents having achieved personal holidays, various trips and activities.

Judgment: Compliant

### Regulation 8: Protection

There were no active safeguarding concerns in this centre and the inspector observed that residents were treated with dignity and respect. Residents who met with the inspector were relaxed and comfortable in their home and it was clear that they enjoyed the company of staff who supported them.

The provider had safeguarding procedures in place and all staff had completed mandatory safeguarding training. A person, external to the centre, was also appointed to manage any identified safeguarding concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were actively promoted through the actions of the provider and the staff team. The provider had facilitated human rights training and the staff team were observed to chat freely with residents and kept them informed of plans and activities for the day ahead. Staff were also in the process of acquiring a passport for them to go on a foreign holiday.

Resident's meetings were also a regular occurrence in designated centre which facilitated residents to be actively involved in the running of their home.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Community Living Area G OSV-0004089

Inspection ID: MON-0034466

Date of inspection: 09/04/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A more detail monitoring of controlled drugs and high alert medications is required PIC has met with staff and all staff have completed a Medication Management course on HSE-land and have familiarised themselves with service Medication policy. PIC advised all staff that greater care is required in the administration and recording of medications with strict adherence to the medication policy. The controlled drug used is in liquid form, PIC to speak with GP to query the use of tablet form, this would assist in a more accurate recording of medication. The PIC will do a physical check on the amount of the controlled drug in stock and same recorded on the Controlled Drug Record.</p> <p>A more detailed recording system for sliding scale /ketones required .PIC has devised a local protocol to assist staff to accurately record ketones.</p> <p>PIC will ensure that all staff are up to date on Medication Management Training and will store training records on site. The insulin pump will be in situ by 31.05.24 and this will reduce spikes in blood sugars which should reduce the need for ketone checks. All staff to receive training on insulin pump by the above date. Insulin will be administered as prescribed and recorded accurately by all staff.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>As per Muiriosa policy, the PIC will ensure the audit of finances and receipts will include bank statements and daily records. The PIC has requested three monthly bank</p>	

statements to assist with more accurate auditing and will cross reference bank statements with the above audit. As per Muiriosa policy receipts an essential component of the finance audit. Finances are recorded daily and checked and signed by 2 staff.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: PIC has reported leaks of the roof regularly to maintenance. The Property and Facilities Department (PFD) are assessing the roof leak and the most suitable option to repair /replace the roof in conjunction with the HSE. Funding has been approved. Completion date by 30.09.24

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has consulted with Muiriosa Fire Officer re: 1. maintenance of fire doors and 2. evacuation times in the designated centre. The Fire Doors in situ are designed to ensure fire containment, two of the fire doors identified during the inspection requiring attention were repaired onsite and one other fire door was identified requiring replacement. The PIC has consulted with Properties and Facilities Dept (PFD) on this and confirmed that regarding 1.fire door, this will be replaced by 31.10.24. 2. Evacuation Drill times. The fire officer is satisfied that the current evacuation times are within the accepted norms for this environment. Fire evacuation drills are under constant review and improvements are consistently targeted to reduce the time span of the drills.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC has requested that all staff complete training in the following 1) High Alert Medication Management and 2) Medication Management. She has met with all staff and has emphasised the importance of adherence to the service Medication Policy. The

Medication Audit is to include monitoring of stock liquid volume of the controlled drug liquid to ensure accuracy of the amount present and recorded. PIC to consult with the GP regarding changing liquid to tablet form to assist with more accurate recording of this medication. Guidelines for rescue medication for seizure activity which was prescribed by specialist has now been prescribed by GP and a prn protocol is in place with guidelines of usage. For a more accurate recording of controlled drugs, the PIC will do a physical check on the amount of the controlled drug in stock and same recorded on the Controlled Drug Record. PIC has contacted Director of Nursing with regard to present service medication audit, suggesting controlled drug check to be included in audit (Appendix 17).

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/05/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	31/05/2024

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2024
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	30/06/2024
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	31/05/2024
Regulation	The person in	Not Compliant	Orange	31/05/2024

29(4)(d)	<p>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 storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 ( S.I. No. 328 of 1988 ), as amended.</p>			
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