



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

## Issued by the Chief Inspector

Name of designated centre:	Verna House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	24 July 2023
Centre ID:	OSV-0005676
Fieldwork ID:	MON-0031648

## About the designated centre

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

This centre provides residential services to five children (both male and female) from six to eighteen years of age. The centre is based in a rural location in County Kilkenny however, transport is provided so the children can access the local town and nearby city and avail of community based facilities such as the swimming pool, parks, cafés, restaurants and attend school. The centre is staffed with a full time person in charge, a team leader and a team of qualified support workers. All children are provided with one-to-one staffing support while in the centre and some with two-to-one staff support while in the community. The centre comprises of a large detached house and each child has their own room which are decorated to their individual style and preference. Communal areas include a very large well equipped kitchen, a large dining area, a spacious sitting room and a relaxation/therapeutic room. The centre supports the educational needs of each child and provides them with learning opportunities so as to optimise their autonomy and maximise their independence.

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

Number of residents on the date of inspection:	5
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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
Monday 24 July 2023	09:30hrs to 17:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to monitor compliance against Regulations and standards, in addition to informing a decision regarding the renewal of registration for this designated centre.

This centre provides a home for a maximum of five children at any one time. The centre is at full capacity and the children were on holiday from school at the time of inspection. Some of the children were not present in the centre on the day, for example, some were with family. The inspector had the opportunity however, to meet and spend time with three children over the course of inspection. Over the course of the day the inspector also had the opportunity to review documentation, speak to the staff and local management team and to review the premises.

The inspector briefly met one child during the morning who had been in the garden when the inspector arrived. They were later supported to spend time in their room where there were play areas and sensory spaces for them to use. Another child was seen to enjoy time in the garden and to move in and out of the kitchen to take a drink or short break, the garden was reported to be their preferred location to play. The inspector spent time both outside and inside the premises and observed the children with staff or on their own using swing equipment, spending time on the trampoline or relaxing on the sofa. One child engaged briefly with the inspector in the kitchen where they were bouncing and catching a ball. They later requested a staff member to sit so they could brush and style their hair. This child was also observed later coming to the front of the house to the staff office and to engage with members of the management team. The children also spent time in their bedrooms and in the kitchen, play or living areas of the house. The children were seen to be comfortable and relaxed with the staff team in the centre and moved freely throughout their home.

The staff brought the children to the local community to explore amenities such as parks or to involve them in everyday tasks such as shopping. These outings were reflected in the personal goals set with the children such as selecting preferred items when shopping independently and were observed happening on the day of inspection.

The children in this centre have complex communication presentations and the inspector observed a variety of symbol based systems on display in the centre and being used by the staff and the children. All children present acknowledged the inspector's presence with brief glances and the use of directed eye-gaze towards the inspector when they were spoken to or when the inspector commented on their actions in play. The staff modelled play activities to support participation in play, staff were observed engaging with the children in the garden, for example bouncing on the trampoline or throwing a ball. Staff used skills of anticipation and commenting on what was happening at that moment.

The staff team presented as knowledgeable in relation to the individual needs of the children. They outlined different supports required and how they ensured these were used such as symbol based communication systems, or physical prompting and guidance systems. The staff team used their time to ensure household tasks were completed in a manner that did not prevent them from a focus on playing and supporting the children when they were in the house.

As this was an announced inspection questionnaires were sent to the centre in advance to obtain a full picture of what living in the centre was like. These had been completed by children with the support of family members and were also based on observations and discussions with the staff team. The questionnaires outlined a happy home for the children with comments such as 'x loves going to the playground as well as playing at home', 'x is very happy and their home is individualised to them' and 'my staff are patient and consistent when meeting my needs'. Further there were comments indicating that the children felt supported and happy with their staff team, for example 'the staff are open, communicative, caring and reassuring' or 'as family we are really happy with the children's key workers'. The questionnaires and discussions with the staff team outlined the busy lives led by the children with a wide selection of toys and play experiences available in addition to time spent going swimming, for walks, to the cinema, sitting at cafés to people watch and in the park.

The quality of care and support provided to the children was observed to be good however, the inspector found some areas that required review and improvement, those of medicines management and infection prevention and control documentation. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

The inspection was facilitated by the centre's person in charge and also by the team leader who was involved in its running and operation. A senior manager also involved in the running of the centre and its operation was available to speak to the inspector. The inspector found that overall care was provided to a high standard, however, improvements were required in relation to medication practices, and in some standard operating procedures relating to cleaning practice. The premises of this centre had previously been found to require review and updating and the provider was found to have identified clear actions and implemented a schedule of works to bring improvement.

The person in charge and the team leader who facilitated the inspection were found to have an in-depth knowledge of the children's individual care needs, including where external appointed agencies were involved in the oversight and review of

care. The person in charge was in a full time role and they held responsibility for the day-to-day operation and oversight of care in this and two other centres operated by the provider. They were supported in their role by the team leader who was full-time in this centre and who had detailed knowledge of children's needs and social histories and it was clear that the aim of both managers was to promote the welfare and well being of the children who used this service.

Staff who met with the inspector had a good understanding of children's needs and also of the procedures which promoted their safety, welfare and well being. Staff members outlined the prescribed response in regards to the reporting mechanisms for any areas of concern which they may have. In addition, a sample of staff training records were reviewed which indicated that staff were up-to-date with their training needs and they had attended training in areas such as children first, safeguarding and also behaviours of concern.

As mentioned above, the person in charge and team leader had detailed knowledge of the service and also of each child's individual needs. The person in charge and team leader were greeted warmly by each child who was eager to engage with them during their day. It was clear that both managers had good oversight of many care practices and the provider had completed all required audits and reviews which indicated that there were some minor issues which required review. The inspector found that the issues which were found on this inspection in relation to medicines management had not been identified through these audits.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application with all required documentation to renew the registration of this designated centre. This was reviewed in advance of the inspection, a small number of items required resubmission however, the provider had responded in a prompt manner to requests.

Judgment: Compliant

### Regulation 15: Staffing

The provider had successfully recruited to fill two whole time equivalent posts that had been vacant and newly recruited staff were currently going through the provider's on-boarding process. The lines that were vacant while waiting for the new staff to start were being covered by consistent relief staff. The centre had a consistent and core staff team in place that was in line with the statement of purpose and the children's assessed needs. The provider ensured continuity of care and support for the children through their use of a small number of regular relief

staff who as stated completed additional shifts to cover planned and unplanned leave.

There were planned and actual rosters in place and they were reviewed by the inspector and found to be well maintained. There was an on-call roster in place that was covered by members of the providers management team including persons in charge and this was available to all staff.

The inspector reviewed a sample of staff personnel files and found them to be up-to-date and contained all information as required in Schedule 2.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff team access to and uptake of training and refresher training was found to be consistently high. They were completing training identified as mandatory by the provider, and a number of trainings in line with the children's assessed needs. All staff had completed training in a human rights based approach to support them in their practice and the provider had developed internal training on human rights based approaches to restrictive practice that all staff had completed.

There were systems in place to ensure that staff were in receipt of regular formal supervision, to ensure that they were supported and aware of their roles and responsibilities. The inspector reviewed a sample of these and found they were completed as outlined in the provider's policy. The person in charge had a schedule for supervision over the course of the year in place.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a management structure in place with clearly identified lines of authority and accountability. There was a person in charge of the centre who also had responsibility for two other centres. They were supported by a senior manager and by a team leader for this centre. The staff team were clear on who they reported to and who was available to speak to should they have a concern.

The provider had completed an annual review of the quality and safety of care and

support in addition to six monthly unannounced visits of the centre as required by the Regulations. There was evidence that the children, and their representatives had been consulted as part of this process. Family views were gathered annually and there was evidence that feedback provided as part of these questionnaires was followed up on by the person in charge and the provider. Action plans arose from the findings of these reviews and the inspector found that progress of these actions was being made and monitored by the person in charge and the provider.

The person in charge and senior manager meet formally every two months and informally more frequently to ensure that key performance measures for the centre are being met and that actions were being progressed. A formal and informal system was also in place between the person in charge and team leader. There were staff meetings occurring which allowed for systems of communication within the staff team, in addition monthly managers meetings and health and safety meetings were held to review matters that pertained to centres operated by the provider.

The person in charge completed regular audits and it was evident that a number of improvements such as painting or targeted staff support for activities had been completed as a result of these. However, in one area audits were not picking up on the areas of non-compliance as found during this inspection in the area of medicine management. These findings are reflected under the specific Regulation below.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider ensured that all children in this centre had contracts in place with the registered provider that detailed the service and facilities to be provided.

Since the last inspection of this centre there had been new admissions or changes for some children moving from shared care to living full-time in the centre. These changes had been openly discussed with the children at a level that best supported their understanding of the situation in advance. The moves into the centre were found to have been positive for all children who lived here, and following significant consultation, a decision had been made with one child to move to a new home operated by the provider which would better suit their individual needs.

Judgment: Compliant

## Regulation 31: Notification of incidents

The provider and person in charge had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents and found that the person in charge had notified the Chief Inspector of all incidents as required by the Regulation. These notifications had been completed in the required format and within the specified timeframe.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place that was effective and available in an accessible format for the children and for their representatives to use. There was a nominated complaints officer and systems to log and show follow ups on complaints made. Children were encouraged to express any concerns they may have safely and there were reassurances provided by the person in charge and staff team that raising an issue of concern was positive. The provider reports that they see the making of suggestions, complaints and compliments as valuable sources of information and outlined that they use this information to make improvements in the service they provide.

The inspector reviewed the complaints register for the centre and found that complaints that had been received for this centre had been logged and managed in line with the policy in place and they had been resolved following completion of actions or discussions. The inspector also reviewed compliments received and these reflected increased independence and confidence of children and the quality of the care and support provided.

Judgment: Compliant

## Quality and safety

The inspector found that children were supported to have fun and that the service promoted their welfare and wellbeing. The children from observation and report appeared happy living in this centre and the provider had employed a staff team who had a kind approach in regards to the provision of care. The inspector observed that the person in charge, team leader and staff team responded respectfully to the children at all times and were caring and familiar with their individual needs.

Although the centre had a pleasant atmosphere and children appeared happy and content, this inspection highlighted that some improvements were required in regards to medication management and some minor infection prevention and control documentation.

Children were supported to access play and activities suitable to their needs with areas within the centre adapted for sensory exploration in addition to outings in the local community arranged. Consideration was given to children's dietary needs and snacks and meals were regularly offered and freely available.

Children were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

### Regulation 13: General welfare and development

Children's educational needs were well supported in this centre and children were supported to attend school. The children were reported to enjoy school and there were regular systems of communication between school staff and centre staff to ensure a consistent approach to supporting the children's learning.

Where external appointed agencies were involved in the oversight and review of the care and support provided to the children, the person in charge had ensured that the children were supported by appropriate advocates and the inspector reviewed meeting minutes that outlined the systems of oversight for supports in place to the children.

There were ample facilities for children to play and relax with suitable outdoor safe play areas and comfortable communal and private rooms in place. The garden and hard paved areas had been made safe and secure to support the children in having more independent access to toys and to protect them from risks such as the road outside the gate.

The children were supported in developing a consistent daily routine and in learning the routines associated with everyday tasks such as having a bath or going grocery shopping. They were supported to go to amenities in their local community and in visiting play areas.

Judgment: Compliant

## Regulation 17: Premises

This centre comprises a large detached house set in its own grounds in a rural setting in Co. Kilkenny. The centre is registered for five children and is at full occupancy.

Overall the centre is designed and laid out to meet the needs of the children living in the centre. Changes have been made since the last inspection with the staff office now in a building external to the house and the previous office space now a spacious bedroom for a child. All children have their own bedroom decorated and furnished to meet individual needs and there are shared bathrooms both upstairs and downstairs. There is a large kitchen-dining room which connects to a living room/playroom and a conservatory. Upstairs is a sensory and safe play room used predominately by one child but can be accessed by others. The house presented as warm and homely and was decorated to reflect the lives of the children with colourful art work and toys available throughout.

There were systems in place to log areas where maintenance and repairs were required and evidence that minor works are completed on an on-going basis including painting and decoration. Previously identified actions for the premises had been further assessed by the provider including the need to replace the kitchen, upgrade the flooring on the ground floor and to upgrade the utility room and a wet room. The provider had confirmed plans in place to extend this premises and this planned and scheduled work will include all identified actions. The inspector reviewed the schedule of works and the building plans.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a risk management policy and had ensured that risk management systems were in place in the centre. A risk register was in place in the centre which was regularly reviewed and had recently been updated. Plans were in place to appropriately respond to adverse incidents including loss of power, loss of water or flooding. A centre emergency plan was also available which was detailed and kept up-to-date.

A system was in place for the recording of any accidents or incidents in the centre and adverse incidents were responded to appropriately. All children had individualised risk assessments and risk management plans in place. Risk assessments were associated with restrictive practices and personal plans in addition to the development of risk assessments aligned to children's safety assessments. There was evidence that risks were reviewed and amended or closed as required

and that new risks were opened

Judgment: Compliant

### Regulation 27: Protection against infection

Measures were in place for protection against infection in the centre and the inspector found that the centre was very clean on the day of inspection. Staff were observed over the course of the day completing cleaning tasks when their schedule allowed and they were familiar with the processes and protocols in place. Some minor areas of high cleaning such as around light fittings required attention and these were followed up by the person in charge on the day.

There was a weekly cleanliness audit tool used and cleaning rosters in place which were monitored by the team leader and checked by the person in charge. Systems and checks were also in place to monitor the water flushing procedures to protect against the risk of water-borne disease. These systems included monitoring of the well that supplied the centre water. While the inspector acknowledges that the staff were aware of how to manage spills and body fluids there were no protocols in place for the management of unplanned incontinence. From a review of incident reports this was a situation that occurred in both the house and in the centre vehicle on occasion.

The provider had ensured that there were clear contingency plans in place for the management of an outbreak of COVID-19 or other healthcare associated disease. There were infection prevention and control risk assessments and care plans in place for the management of identified risks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured there was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape including sufficient emergency lighting which was being regularly serviced. There was a procedure for the safe evacuation of children and staff, which was displayed.

Each child had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Staff had completed fire safety awareness training, and dates are identified for refresher training for those who required it.

Daily, weekly and monthly checks and audits were in place with these audited and reviewed by the team leader and person in charge.

Fire drills were occurring regularly in the centre and being completed at different times. These were occurring in line with the provider's policy with one required before year end when the minimum number of staff and maximum number of children were present.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the receipt, storage and administration of medications. However, the inspector found that there were issues in regards to medication practices in this centre which required review to ensure that this area of care was held to a good standard at all times.

Where a child had recently transitioned to live in the centre there was no record of the medication that had been received at the point of admission and no records of stock takes and checks completed following that transition. There was also confusion as to whether one medicine required for potential severe allergic reaction had actually been received and which was noted in risk assessments as required. The medicine was found to be in the centre however, was not on the child's prescription.

There were also issues with some medicines not returned to the pharmacy once they had expired. As there was no opening date noted on labelling of some 'as required' medicinal products there was therefore no means to record how long a product had been open. The inspector found, for example, a bottle of an allergy medicine that had no opening date recorded with product guidance stating disposal required three months after opening. It was not clear how long this .

Furthermore the documented care plans associated with the administration of 'as required' medicines for individual children required review. For two children there were no plans on file for certain medicines and for one child there was no plan outlining the use of an EpiPen with no associated guidance for staff on how to use it. The person in charge completed up-to-date protocols and care plans for the majority of these before the end of the inspection.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Each child had an assessment of need and personal plan in place. From the sample reviewed, children's needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all children's personal plans included their goals, hopes and dreams in addition to their likes and dislikes. All plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All children's goals were reviewed on a monthly basis and linked with other plans where indicated. In conjunction with positive behaviour support plans for example there was guidance on providing 'a sunny day' with examples of things to try that each child may like.

Children were supported to set goals that had meaning for them, for instance, for one child this was to attend an animal rescue and walk a dog and for another child it was to use the trampoline in the garden. Other children were supported to go to cafés or make something to eat while others wished to go on an outing such as to the park.

children had a their favourite activities included in their weekly plan such as taking time to complete tasks such as laundry, going shopping or going into the local community. All children had access to copies of their personal plans and outlines of their goals which were available in a format that was accessible to them. All children had photographs of them taken during activities and placed in a scrapbook alongside memorabilia from an activity such as a ticket, these were used as conversation guides and given to the children or their families as gifts on completion.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that there were robust behavioural support arrangements in place. Behavioural support plans were reviewed by the inspector and found these gave a clear account of the arrangements to support a child in regards to their needs with behaviour that challenges. They were found to be regularly reviewed and amended to reflect the children's current presentation. Plans contained guidance as indicated from other health and social care professionals such as occupational therapy.

Staff who met with the inspector understood these recommendations and they clearly described how best to create an environment which reduced the likelihood of behaviours that challenge occurring and also how they responded when behaviours of concern were present.

There were a number of restrictive practices in place in the centre which were

assessed for and implemented in line with national policy and best practice. The staff team had received training to manage behaviour that challenges and this had included specific training on restrictive practices in use in the centre. The provider ensured that all restrictive practices were reviewed quarterly in their restrictive practice committee attended by all persons in charge and the provider.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured there were robust safeguarding measures in place for the day-to-day care of children in this centre. The staff members who met with the inspector had a good working knowledge of safeguarding measures, and all had received training in the area. The area of intimate care was also well supported. Clear and direct personal and intimate care plans reviewed by the inspector also aimed to promote the children's individual independence. These plans were linked to the children's communication plans and to their positive behaviour support plans.

There were support plans based on recent assessments in place. These included safety assessments for the children in their home, in the community and while engaged in learning, all of the plans promoted health and well being while ensuring the children were protected. There was clear guidance for staff on the recording and response to unexplained bruising and systems for recording minor injuries.

In addition, the inspector found that children had their own bedrooms and access to their own possessions including toys, DVDs, and age appropriate clothing which was laundered and stored appropriately.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Verna House OSV-0005676

Inspection ID: MON-0031648

Date of inspection: 24/07/2023

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A clear and comprehensive protocol for the management of unplanned incontinence to be developed and generated to the staff team to guide practice.</p>	
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> <p>Kardex for service user identified to be updated to include the medication required to manage allergic reaction.</p> <p>Protocol to be developed for use of such medication, including how and when to be administered.</p> <p>Training to be scheduled for the staff team in the use and administration of emergency allergy medication.</p> <p>Labelling system to be implemented, clearly stating the date which medication was open and the date to be discarded by.</p> <p>Stock check recording records put in place for new service user transitioned into the center, including the recording of medication received into the center and returned to the pharmacy.</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 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	25/07/2023
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	Not Compliant	Orange	31/07/2023

	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.			
Regulation 29(4)(c)	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 out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Not Compliant	Orange	31/07/2023