

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
<b>Centre ID:</b>	OSV-0002037
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Enable Ireland Disability Services Limited
<b>Provider Nominee:</b>	Fidelma Murphy
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
28 April 2016 10:00	28 April 2016 20:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the second inspection of this designated centre by the Health Information and Quality Authority (hereafter called HIQA). This designated centre is operated by Enable Ireland Ltd, a company registered as a charity (hereafter called the provider). The company is governed by a non executive board of directors to whom the CEO (Chief executive officer) reports.

This designated centre a community house, based in Wicklow provides respite breaks from home for adults attending a number of day services or adult outreach programmes in Dublin operated by Enable Ireland. The designated centre provided planned respite breaks for up to five residents at any given time on a weekly basis. This designated centre offers over 62 residents the opportunity to avail of a two night stay from 1- 4 times in a given year. Typically a stay commenced on a Wednesday and ended on a Friday with one stay per month commencing on a Thursday and ending on a Saturday.

Residents were offered access to this respite centre through their own Dublin adult services. The assessment of need was conducted by the coordinator of the respite house who determines the respite dependency needs of residents. This occurred following an assessment meeting with the potential residents, family members and staff members depending on the residents' wishes.

The purpose of this inspection was to monitor compliance under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

As part of this inspection, the inspector visited the house and met with three of the residents, staff members and the person in charge. The inspector observed practice and viewed documentation such as personal plans, recording logs, policies and procedure, minutes of meetings and staff files.

The residents spoken to were very happy to receive breaks within this designated centre. Residents informed the inspector that they liked the house and enjoyed the time spent with their friends in the designated centre. One resident also informed the inspector that they felt "safe in the house and if I did not like the house I would not come, but I do and I would like to come more often". Residents were supported to participate in activities appropriate to their interests and preferences for the duration of their stay.

During the course of the inspection the inspector found the residents, person in charge and staff to be courteous, supportive and helpful with the inspection process.

Overall, the inspector found that residents received a good quality service. However some areas required further improvement including medication management, health and safety and social care needs. These and other areas identified are outlined in this report and within the subsequent action plan.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that the wellbeing and welfare of residents attending the designated centre was maintained. Improvements were required in the area of documentation of the implementation of the effectiveness of residents' plans and current information pertaining to residents' health needs. The actions from the previous inspection in relation to residents' social care needs being specified were addressed.

The inspector viewed a sample of resident's files and spoke with residents and found that residents' had the opportunities to participate in meaningful activities appropriate to their interests and preferences. Each resident had documented social care needs and in some files this was completed by the residents themselves. This document was updated yearly and the inspector found from viewing the document in place that the wishes of residents were respected. For example residents were asked who they would like to spend their time in the designated centre with. Residents were also asked to identify activities they wished to participate in. The inspector acknowledged that this was a person centred approach however, there was no evidence in relation to whether the resident engaged in the specified activities in order to fulfil their social care needs. The person in charge identified that the organization was currently working on a system to devise a format of reviewing the social care needs of residents'.

Some residents had chosen to participate in goals while in the designated centre and where others had chosen not to, this was respected. However, for the residents whom did specify goals, the inspector was unable to see evidence of any documentary review. For example a goal was set in 2012 and this remained the same goal in 2016 with no identification in relation to what aspects of this goal had been achieved or not achieved.

The inspector viewed a sample of residents' summary sheets this document contained information pertaining to the residents' diagnosis. However, these documents were not up to date for example 2013 and 2014 were the dates specified on some of the residents' sheets. The person in charge identified that this information was not accessible in the designated centre. The inspector found that staff in the designated centre did not have the most up to date diagnosis pertaining to each resident. Therefore it was difficult for the inspector to determine if residents' health care needs were being met.

Collaboration among staff members in the designated centre with staff members in the day services where residents attended was evident in the sample of resident's files viewed. The person in charge sent out documentation to the day service or family home requesting the identification of any changes to the resident since the last visit to the designated centre.

Residents spoken to identified that their stay within the designated centre was a "holiday" and outlined that they spend a lot of time working, therefore time in the designated centre was "down time". On the day of inspection residents went swimming, out for lunch and the previous night had gone to a local pub. The inspector viewed these activities within the residents' files as activities they would like to participate in when in the designated centre. It was also clear that residents', wishes were respected during their stay within the designated centre as a short break or holiday.

The inspector acknowledged that the designated was a respite house and therefore the volume of information required was significantly reduced compared to fully time residential centres.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that the health and safety of residents, visitors and staff was promoted. However, improvements were required to ensure that all residents attending the designated centre participated in an evacuation drill and the emergency evacuation procedure required more detail.

Fire drills had taken place every three months however, the inspector was unable to see evidence that each resident using the designate centre had participated in a fire drill. Personal evacuation plans were also not in place for residents attending the designated centre.

The inspector viewed the emergency plan and found it did not contain sufficient detail to guide staff in the event of possible emergencies such as flood or power outage. No alternative accommodation was specified should the need arise.

Evidence of routine checks and service of fire detection, alarm system, emergency lighting and equipment had been conducted by a fire professional. All staff had undertaken fire training. There were provisions for weekly checks to be conducted within the designated centre.

The inspector viewed the risk management policies and procedures and found them to meet the requirements of the regulations. There was a clear system in place to identify, examine and manage potential hazards within the designated centre. This was evident through the risk register viewed within the designated centre. Examples of these were in relation to the risk of infection and the potential lack of service if the driver was unable to attend work. These risks were identified and measures were taken in relation to mitigating these risks through the identification of control measures. Resident's individual risks were also identified within their file in areas such as transport requirements and assistance with food.

From speaking with the person in charge and viewing documentation the inspector determined that there was a system in place to monitor and review accidents, incidents and near misses in the designated centre. The inspector found that appropriate corrective actions were implemented when required. Learning from adverse or serious events was shared across all services within the organization from the national risk officer in order to assist in the reduction or eliminate the possibility or similar occurrence.

The vehicle used to transport residents was insured, had an up to date certificate of roadworthiness and the staff member who drove the vehicle was qualified to do so. The wheelchair lift in the vehicle had been serviced within the last year.

All staff had attended training in moving and handling and first aid. The designated centre had also an automated external defibrillator as an extra precautionary measure in the event of an emergency. The inspector also viewed evidence hospital emergency admission forms completed for residents located in the sample of residents' files viewed.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. Appropriate actions were taken in response to allegations, disclosures or suspected abuse. However, improvements were required in relation to safeguarding plans and risk assessments for to the use of bed rails.

The inspector viewed safe guarding plans in place within the designated centre however, no review date were specified within the document. During inspection it was evident that some of the actions were implemented from discussion with the person in charge however, it was unclear what actions were outstanding.

The inspector viewed a sample of risk assessments in place for the use of bed rails while these were in place the assessments were not fully completed for example the specific risks for the residents were not detailed.

The person in charge informed the inspector that residents using the designated centre did not have behaviour support plans in place.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. This policy had been recently reviewed and staff outlined the procedures to be followed should an allegation of abuse arise.

The inspector found residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. From speaking with residents they were knowledgeable should concerns arise who they would speak with.

**Judgment:**

Substantially Compliant



**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that each resident was supported to achieve and enjoy the best possible health for the duration of their stay. Improvements were required in relation to multi disciplinary team input.

Up to date information regarding multi disciplinary input for residents attending the designated centre was present. For example it was unclear if a resident requiring a modified diet had a swallow assessment or who had prescribed this form of diet.

Regarding food and nutrition residents assisted staff in meal preparation and participated in menu planning in accordance with the residents' preferences. Resident's dietary requirements were facilitated within the designated centre such as coeliac diets. Refreshments and snacks were available for the residents outside mealtimes within the designated centre. Resident's informed the inspector that sometimes they did not wish to partake in cooking as they were on their holiday. The inspector observed the wishes of residents being respected and residents decided on the day of inspection to go out to lunch to a venue they had not frequented previously. Residents informed the inspector that " they were going to see what it was like, and see if it was a nice place to eat".

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were not protected by the designated centres' policies and procedures for medication management. Improvements were required in

relation to the current policy, medication audits and the inclusion of photographs in residents' prescriptions.

There was a policy in relation to medication management and the person in charged informed the inspector that work was conducted in relation to reviewing the document. However the inspector found that the current document did not guide effective practice as actions were not specified for example section 31.2 stated the line manager /DOC is required to take actions in the event of missing medication. However, the actions required were not specified.

The inspector viewed a sample of prescriptions, one resident required the inclusion of a photograph of resident within their prescription. The inspector found that the sample of resident's PRN (Pre re nata as required medication) prescriptions did specify the maximum dosage to be administrated to the resident in a 24 hour period.

The inspector viewed medication errors recorded within the designated centre and was satisfied that learning was gained from review of these incidences through staff supervision and team meetings.

The inspector viewed evidence of a review on individual medications conducted by a clinical nurse manager. However, there were no comprehensive medication audits being conducted within the designated centre. The person in charge identified that an audit would be conducted in a number of months.

There was a system in place for checking in medication when the residents arrived at the designated centre and when resident's stay was over at the designated centre. The inspector viewed a sample of these recording sheets contained in residents' files.

The inspector viewed a sample of self administration assessments, all viewed some residents were independent in this area.

Prescriptions were only available for the three residents in the designated centre on the day of inspection as residents brought their medication pack with them for each stay. The person in charge outlined that each pack contained an up to date perception, administration sheet, self assessment and PRN (Pre re nata as required medication) if applicable to the resident.

Staff involved in the administration of medication had received training in safe medication administration. Staff had also received training in the administration of rescue medication as some of the residents attending the designated centre were prescribed emergency medication.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found effective management systems in place that supported and promoted the delivery of safe, quality care services. Improvements were required in relation to the completion of annual reviews to monitor the quality of care and experience afforded to residents while in the designated centre.

The annual review was not present in the designated for 2014 or 2015.

The person in charge remained unchanged since the previous inspection. The inspector found that the person in charge was experienced, qualified and a suitable person in relation to this designated centre. The person in charge was supported by two senior managers, director of service, clinical nurse manager and personal assistants.

The person in charge met with staff every 6-8 weeks, the inspector viewed minutes of these meetings, standard agenda items included staff training, policies and staff responsibilities. Shared learning was also evident where transport was discussed due to an incident occurring in another designated centre. Changes in practice was also evident following a fire drill where one fire door were not closing correctly this was discussed among the team and corrective measures were put in place.

The person in charge identified that the provider nominee met with all residential managers. The inspector viewed evidence of these meetings. The purpose of the meetings was to share information and facilitate learning across the various designated centres. For example quarterly notifications and person centre planning documentation were discussed at the most recent meeting.

In addition the person in charge also attended adult coordinators meetings. These meetings involved the managers from the day services where the residents attended. This group met to discuss service issues including funding, mandatory training these meetings allowed for collaboration between the various day services and the respite house to assist in the effective deliver of service provision.

The inspector observed minutes of supervisory meetings involving the person in charge and the senior manager and the person in charge and personal assistants.

The provider had nominated a person to conduct visits to the centre at least once every six months and produce a report. The inspector viewed the last two reports and the current action plan this included items such as care plan development.

Staff and residents spoken to by the inspector outlined the systems and process in place within the designated centre.

**Judgment:**  
Substantially Compliant

### **Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

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

No actions were required from the previous inspection.

### **Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the dependency needs of residents leading to safe delivery of services. The inspector viewed a sample of rotas and observed evidence of this. However, gaps were identified in staff records maintained within the designated centre.

The inspector viewed a sample of staff files including training records and found that staff had received training in relevant areas. This included manual handling, fire training, safeguarding and medication management. In addition staff members had also undertaken training in areas relevant to resident's health needs such as epilepsy and first aid. The person in charge identified that first aid training was conducted with staff due to the remote location of the designated centre.

The person in charge had supervision completed for frontline staff and the inspector viewed a sample of these records for staff members.

The sample of staff files viewed did not contain the information outlined in Schedule 2. For example a full employment history with any gaps in employment, the position the staff member held at the designated centre, the work the staff member performed and the number of hours the staff member was employed each week was not evident for one member of staff.

Another file did have two reference forms present however the inspector could not determine who the referees were as no contact information or signature was present on either forms.

**Judgment:**  
Substantially Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
<b>Centre ID:</b>	OSV-0002037
<b>Date of Inspection:</b>	28 April 2016
<b>Date of response:</b>	1 June 2016

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

The effectiveness of residents' plans was not evident within the review process.

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

**1. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A National Residential managers working group is currently in place and the recommendations for reviewing all service user plans will be agreed by the end of June 2016. Once these recommendations have been agreed and signed off the new system will commence immediately. (July 2016) It is envisaged that all service users plans will have been reviewed by the 28th February 2017 (Reviews will take place on each admission to respite).

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Up to date diagnosis for resident's health care needs were not available in the designated centre.

**2. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Where there is a known diagnosis for service users this will be updated. This will be reviewed and complete by end of July.

**Proposed Timescale:** 26/07/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The emergency evacuation procedure did not clearly specify steps staff were required to follow in the event of an emergency.

**3. Action Required:**

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

<p><b>Please state the actions you have taken or are planning to take:</b> Emergency evacuation plan will be reviewed and updated with required information This will be complete by end of June.</p>
<p><b>Proposed Timescale:</b> 30/06/2016</p> <p><b>Theme:</b> Effective Services</p> <p><b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b> All residents attending the designated centre had not participated in a fire drill.</p> <p><b>4. Action Required:</b> Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</p> <p><b>Please state the actions you have taken or are planning to take:</b> A fire consultant has now being engaged to review the designated centre and do a full risk assessment including the current system of fire drills on June 21st next. His report and recommendations will be furnished to HIQA on completion together with an action plan for any recommendations from this process.</p>
<p><b>Proposed Timescale:</b> 29/07/2016</p>
<p><b>Outcome 08: Safeguarding and Safety</b></p> <p><b>Theme:</b> Safe Services</p> <p><b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b> Risk assessments were not accurately completed for the use of bed rails.</p> <p><b>5. Action Required:</b> Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.</p> <p><b>Please state the actions you have taken or are planning to take:</b> All bed rail risk assessments have now been completed.</p>
<p><b>Proposed Timescale:</b> 19/05/2016</p>



**Theme:** Safe Services

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

Safe guarding plans in place did not specify a review date.

**6. Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The up to date safeguarding plans with review dates included which were located off site will be placed on the files in the centre.

**Proposed Timescale:** 02/06/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Multi disciplinary recommendations or input was not evident within the designated centre.

**7. Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Where available and appropriate multi-disciplinary recommendations will be noted on file and will be referenced and included in service users care plans 01.07.16 – 28.02.17.

**Proposed Timescale:** 28/02/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

One medication pack did not contain a photograph of the resident.

**8. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

All Medication packs will have service users photograph added.

**Proposed Timescale:** 10/06/2016

**Theme:** Health and Development

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

Oversight in relation to medication management was not evident in the designated centre as no audit of practice had been conducted.

**9. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

A medication audit will be carried out by the nurse in adult services. This will be done on an annual basis from now on. First audit will be complete by 26.08.16

**Proposed Timescale:** 26/08/2016

**Theme:** Health and Development

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

The policy did not guide staff effectively in relation to missing medication.

**10. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Local policy will be updated to include what steps to take in the event of missing medication.

**Proposed Timescale:** 29/07/2016

#### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

No annual review had taken place for the designated centre.

**11. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual review has taken place. Report of the review will be prepared by 29.07.16

**Proposed Timescale:** 29/07/2016

#### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff files viewed did not contain all the information as outlined in schedule 2.

**12. Action Required:**

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

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

All Staff files will be reviewed to ensure that all relevant information is available Any missing information will be sought from HR Department and added to the relevant file

**Proposed Timescale:** 29/07/2016