

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maples Services
Centre ID:	OSV-0004950
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 November 2017 10:00 To: 22 November 2017 17:05

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

Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with eight residents who lived in the centre, four staff members and the person in charge. Although the residents did not speak with inspector, it was evident that they were relaxed and comfortable in the centre and appeared to be happy in the company of staff and with each other.

The centre can was registered to accommodate 18 individuals, male and female people of mixed gender who are over 18 years of age and have a severe to profound

intellectual disability, and who require supports throughout their adult years to the end of life. The service can support individuals who present with very high complex medical/physical needs and who may also experience mental health issues, behaviours that challenge and sensory needs. The provider has chosen to reduce the numbers in this service and had not filled vacancies. The current number residing in the service at the time of inspection was 16.

Overall judgment of findings:

On this inspection, the inspector found that considerable work has been carried out to address any non-compliances identified at the previous inspection and the provider had introduced on-going improvements to the service. Overall, a good level of compliance was found during this inspection and a good quality of health and social care was provided to residents. Of the fourteen outcomes inspected on this inspection, eight were in compliance with the regulations and five were substantially compliant. One outcome was moderately non-compliant and there were no major non-compliances.

Residents received a good level of health and social care. They had interesting things to do during the day and were also supported by staff to integrate in the local community. Residents' health care needs were well-met and there were measures in place to safeguard them from any form of abuse and from risks. The centre was suitably staffed to meet the needs of residents.

The centre was well-maintained, comfortable and suitably furnished and met the needs of residents using the service. Since the last inspection, issues identified in the inspection report had been suitably addressed.

The provider had a clear governance system for the management of the centre. Regular auditing was being carried out to review and improve the quality and safety of the service. Since the last inspection the provider and management team had introduced improvements to the quality of life of residents living in the centre.

However, some improvement to the management of medication was required. Improvement was also required to medication auditing, notification of incidents, staff training, and to the recording of some health care information.

Findings from the inspection and actions required are outlined in the body of the report and the action plan at the end.

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

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

This outcome was not reviewed in full at this inspection, but an action from the previous inspection was reviewed.

During the last inspection of this centre in October 2015, inspectors found that there had been a long wait for residents with sensory disabilities to access the service of a speech and language therapist to review their communication needs. On this inspection this had been suitably addressed.

Since the last inspection, the provider had recruited an additional speech and language therapist to work with residents with sensory disabilities and communication difficulties. Staff told the inspector, and residents' records confirmed, that access to a speech and language therapist was available as required. Communication plans had been put in place based on the recommendations of the speech and language therapist, and the inspector saw, throughout the inspection, that appropriate communication techniques were being used. For example, objects and pictures of reference had been introduced for some residents and tactile and sensory items were being used and enjoyed by others.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

During the last inspection of this centre in October 2015, inspectors found that service agreements with residents did not include the fee to be charged. On this inspection, this had been suitably addressed.

The person in charge confirmed that each resident had a written agreement for the provision of services. The inspector viewed a sample of agreements and found that they set out the services to be provided to each resident, including the fee to be charged and details of any items or services not included in the fee. The inspector found that these agreements had been signed by the resident or their representative.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

During the last inspection of this centre in October 2015, inspectors found that residents' social well-being was well maintained by a good standard of care and support, and on this inspection this continued to be evident. However, due to the volume of paperwork generated, inspectors had found it difficult to ascertain if reviews assessed the effectiveness of each plan or took into account changes in circumstances and new developments. On this inspection, this had been addressed.

The inspector found that residents had opportunities to participate in activities, appropriate to their individual assessed interests and personal capacity.

Arrangements to meet each resident's assessed social and personal needs were set out in individual personal plans. These plans had been developed at annual personal planning meetings. Staff, key workers, family members, if they chose to, and the person in charge, attended these planning meetings. The inspector found that the plans were person-centred and focussed on improving the quality of residents' lives.

Residents' individual goals were identified and the person in charge ensured that support was provided to meet these goals. There were records to indicate that goals from the previous year had been met, and that current goals had been largely achieved, while some were still in progress within agreed timeframes.

This was a home based service, and residents had the choice of attending day services, remaining in the centre or going out in the local community. There was evidence that residents had involvement in a range of activities suited to their capacities, in the centre, the day service and the local area. The inspector saw residents coming and going from the centre throughout the inspection with the support of staff, and some were doing things that they enjoyed while in the centre. Activities taking place in the community included bowling, concerts and cinema, eating out, visiting family, and being brought for walks and outings. There were also books, televisions and DVDs, and sensory equipment supplied to residents in the centre.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose.

During the last inspection of this centre in October 2015, it was found to be clean, comfortable and well maintained, and this standard continued to be evident.

The centre comprised three single-storey houses adjacent to each other in a campus setting. There was adequate communal and private accommodation for residents and there were well laid out garden areas adjoining each house. Handrails were fitted in some communal areas to increase the safety of mobile residents.

Each resident had his or her own bedroom. Bedrooms were suitably decorated and residents had personalised their rooms with family photos, pictures, ornaments and personal belongings. Since the last inspection, some bedroom doors had been widened to provide better access for wheelchair users.

Bathrooms were spacious and were fitted with appropriate assistive equipment. Some residents had en-suite shower and toilet facilities.

There were well-equipped kitchens with dining areas and there were several sitting rooms where residents could do different activities, spend time alone or meet visitors in private. The communal rooms were bright, well furnished and comfortable. Some of the rooms had been redecorated since the last inspection and some kitchens had been replaced.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were good systems in place to protect the health and safety of residents, visitors and staff.

The provider had systems in place to ensure the safety of those using the centre in the event of a fire. Service records showed that all fire extinguishers and fire alarms had been suitably serviced. Staff also carried out safety checks such as monthly checks of extinguishers, emergency lighting and the carbon monoxide alarm, weekly checks of automatic door releases and daily checks of escape routes. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received fire safety training.

Fire drills were carried out to ensure that staff were familiar with the evacuation procedure in the event of an emergency. The person in charge planned fire drills to ensure that all staff participated in at least one fire drill each year. Four simulated evacuations had taken place in 2017, two of which were during sleeping hours. Records of these drills were kept which included the time taken to evacuate to a safe

compartment in the building, as well as total times taken to evacuate the centre. Staff who spoke with the inspector were very familiar with the evacuation procedure. A clear individualised evacuation plan had been developed for each resident, and these were available in accessible locations to guide staff.

There was an up-to-date safety statement, a risk management policy and a risk register. The risk register identified a range of risks, including risks specific to the centre and described how these risks would be controlled. Personal risk management plans had also been developed for each resident to identify risks specific to each person and their control measures.

All staff had received up-to-date training in moving and handling.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to protect residents from being harmed or abused. However, some further staff training in the management of behaviour that is challenging was required.

There were measures to protect residents from being harmed or abused. However, some further staff training in the management of behaviour that is challenging was required to meet the requirements of the regulations.

During the last inspection of this centre in October 2015, inspectors found that an aspect of management of behaviours that challenged had not been suitably addressed. On this inspection this had been addressed.

Inspectors had previously found that behaviour support planning had focused on reactive measures to be taken after an event, rather than interventions to reduce the risk of an occurrence. Since the last inspection, the person in charge, staff, and multidisciplinary team had worked together to develop plans that focused on putting

interventions in place to reduce the occurrence of potentially unsafe incidents. This had been implemented and there was recorded evidence that incidents of concern had reduced considerably.

The management team understood their responsibilities in relation to adult protection and knew how an allegation or suspicion of abuse would be managed. The inspector reviewed how a concern regarding financial management had been addressed and found that it had been appropriately managed and resolved. All steps of the investigation had been clearly documented. Learning from the event resulted in development of a new policy and a change in the organisation's practice, to safeguard residents' finances.

There was designated safeguarding officer, whose contact details were displayed.

The inspector observed staff interacting with residents in a respectful and friendly manner.

Most staff had received behaviour management training, which was mandatory in the organisation. However, a small number of staff, who had not been available when previous training was delivered, had yet to receive this training. This had been identified by the person in charge and arrangements were being made to address it.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, notifications, including quarterly notifications, had been made to the Chief Inspector within the required timeframes. However, there was an event, requiring immediate notification, which had not been submitted accordingly.

The person in charge told the inspector that there had previously been a complaint regarding a safeguarding concern. Records confirmed that this had been taken seriously by the management team, had been investigated and was suitably resolved. This had not been notified to the Chief Inspector within the required timeframe, but was submitted shortly after the inspection.

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:

Residents' health care needs were met and they had access to appropriate medical and health care services.

All residents had access to a general practitioner (GP) service and had attended annual medical checks. Doctors came to the centre three times each week to meet residents and attend to their health care needs. Residents also had access to a range of health care professionals in the organisation. These included a psychologist, psychiatrist, speech and language therapists, an occupational therapist, and physiotherapists. Staff expressed satisfaction with these services and said that they were beneficial to residents. They discussed how re-bound therapy had recently been introduced and that some residents in the centre were involved in it. Residents had also had consultations with medical specialists such as ear, nose and throat specialists, neurologists and gastroenterologists as necessary. Records of health care consultations were retained.

A nurse was also based in each house in the centre each day to attend to residents clinical needs and there was a nurse based on the campus throughout the night. Nursing records of clinical care were retained.

All residents had personal plans which outlined the services and supports to be provided to achieve and maintain good health. The care and support plans viewed by the inspector contained information around residents' health care needs, assessments, medical histories and support required from staff.

The inspector found that residents' nutritional needs were well-monitored and monthly weights were recorded for all residents. At the time of inspection there were no residents with weight management issues that required further intervention. Several residents required modified consistency diets and these were being supplied in line with the recommendations of the speech and language therapist.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that while there were generally good medication management practices, improvement to medication administration and storage was required.

The inspector viewed a sample of medication prescribing and administration records and found that on some administration records, staff had not signed to confirm that prescribed medication had been administered. Furthermore, there were no comments recorded to indicate if the medication had been withheld for any reason. Therefore, it was not possible to establish whether or not residents had received their medication as prescribed.

All medication was securely stored in a locked cabinet, in which unused and out-of-date medication was sufficiently segregated from other current medication prior to its return to the pharmacy. However, the centre's procedure for the safe disposal of unused and out-of-date medication was not being consistently followed. There was a system for the recording and disposal of out of date and unused medication. However, this system was not sufficiently secure as some returned medications had not being signed by the pharmacist to confirm receipt of their return. In addition, some medication being stored for return to the pharmacist had not been recorded on the 'return to pharmacy' form. These breaks in the traceability trail increased the risk of medication being misappropriated.

The inspector reviewed a sample of prescription and administration records and noted that the information required to guide staff in safe medication administration was present. Names of medications, times and routes of administration of medications were clearly recorded. The maximum dosages of p.r.n. (as required) medications were prescribed with clear guidance on administration. Where medication was required to be administered crushed, it had been prescribed as such. There were colour photographs of each resident available to verify identity, if required.

Training records indicated that all staff who were involved in administration of medication had received training to do this safely. All staff had received training in the administration of emergency medication for seizures.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose that described the services provided in the designated centre and met most of the requirements of the regulations. However, some required information was not included and was not clear. For example, arrangements for the supervision of the delivery of therapeutic techniques and the arrangements for residents' participation in the running of the centre, were not clearly presented.

During the previous inspection of this centre in October 2015, inspectors found that the statement of purpose did not clearly describe the service to be provided, but this had now been addressed.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability, and there were systems in place to review and improve the quality of

service. However, some improvement to medication auditing was required.

The person in charge was suitably skilled to manage the centre. She was knowledgeable about the requirements of the regulations, had a good overview of the support needs and personal plans of residents and was clear about her role and responsibilities.

Both the person in charge, and staff who met with the inspector in the centre, knew the care needs of residents and demonstrated a commitment to improving the service offered to these residents.

There were measures in place to audit the quality and safety of care. Accidents and incidents were recorded and kept under review by the person in charge and were also supplied to the organisation's quality and safety team for the purpose of identifying trends.

Members of the organisation's management team carried out unannounced visits to the centre every six months to audit various aspects of the quality and safety of the service. Findings from these audits were communicated to the person in charge. The inspector reviewed samples of these audits, which showed a high level of compliance. An annual review of the quality of the service had also been carried out.

Staff in the centre carried out audits of care practices; however, the inspector found that improvement to medication management auditing was required. While staff carried out monthly reviews of medication practices, this audit was not fully effective as it failed to identify gaps in medication administration records, as had been found during this inspection.

Judgment:

Substantially Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

During the last inspection of this centre in October 2015, inspectors found that the centre did not have an adequate number of allied health professionals, such as an occupational therapist and speech and language therapist, to ensure that residents could access these services in a timely manner. In addition, inspectors found that the use of assistive technology was not sufficiently available to enhance communication for

some residents. On this inspection these issues had been suitably addressed.

Since the last inspection additional health care professionals had been recruited by the provider. The person in charge and staff confirmed that residents now had greatly improved access to speech and language therapy, physiotherapy, and occupational therapy. Records of reviews by these and other health care professionals were recorded in residents' files. Assistive technology was also available to residents and, for example, one resident used such technology to achieve an identified goal.

Judgment:

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, at the time of inspection.

The person in charge maintained a planned and actual staffing roster, which was accurate at the time of inspection.

Staff accompanied and supported residents to do things they enjoyed, both in the service and in the local community. Staff were always present when residents were in the centre, including at night time. Separate staff supported residents who attended day services.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly happy and comfortable in the company of staff.

Staff training had been organised as required. Training records confirmed that all staff had received mandatory training in fire safety, safeguarding, and manual handling. Staff had also received other relevant training including safe medication administration, hand hygiene, infection control, communication and record keeping. Most staff had received behaviour management training, which was mandatory in the organisation.

Staff recruitment was not examined during this inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Overall, records required by the regulations were maintained in the centre.

During the course of the inspection, a range of documents, such as medication records, health and social care documentation and health and safety information were viewed, and were found to be suitable.

However, some improvement was required to the recording of some health care information. A specific dietary plan for good health had been developed for a resident based on a dietician's recommendations, but the plan of care was unclear and was not sufficient to guide staff. While staff who spoke with the inspector were very familiar with the requirements, the absence of a clearly documented plan presented a risk that new, or locum staff, would not have sufficient information to adhere to the plan.

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:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004950
Date of Inspection:	22 November 2017
Date of response:	22 November 2017

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 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff had not received training in the management of behaviour that is challenging.

1. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the

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

management of behaviour that is challenging including de-escalation and intervention techniques.

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

The staff that have not completed this training will be scheduled to attend it early in 2018, QED department looking at facilitating this training over a weekend for some of our locum staff who are students and not available to attend training during the week. PPIMs will book places for the relevant staff members on this training once dates have been scheduled.

Proposed Timescale: 31/03/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An event requiring immediate notification, had not been notified to the Chief Inspector.

2. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

As this issue was dealt with immediately under our complaints policy, the PIC was not aware that it needed to be reported to the chief inspector at the time.

However, following this inspection and discussion with the inspector the allegation has since been reported.

This allegation has been dealt with through our complaints process there were several meeting with family members and senior management until all parties were satisfied and the issue was resolved.

Proposed Timescale: Notified 28/11/17

Complaint resolved 12/7/17

Proposed Timescale: 28/11/2017

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:

The recording of medication administration was unclear, and it was not possible to establish whether or not all residents had received their medication as prescribed.

3. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

PIC and PIMMs reviewed the process for recording of medication on the 24/11/17 issues resolved and team in the designated centre clear on the process for recording medication following administration. All staff informed again of the principles of safe administration of medication.

PIC and PIMMs are working on a procedure to ensure good practice continues in relation to medication management, administration and auditing these guidelines will be in place from 1/3/18.

Proposed Timescale: 24/11/2017**Theme:** Health and Development**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The system for the return and disposal of unused and out-of-date medication was not secure.

4. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

PPIM, nursing staff and Pharmacist met on 24/11/17 to review the process for medication to be returned to pharmacy. It was agreed that medications for return to pharmacy would be stored in a specific area of the medication press. An email would be sent immediately to the pharmacist who will arrange to have the medication collected within 24 hours. This email is printed and hard copy retained with the medication until it is collected. The pharmacy will confirm receipt of medication to the designated centre, then the documentation will be filed appropriately.

This process will be included in the local procedural guidelines that are currently being developed.

Proposed Timescale: 24/11/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all the information required by schedule 1 of the regulations.

5. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The areas that were not included in the statement of purpose have now been added and statement of purpose submitted

Proposed Timescale: 18/12/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Medication management auditing required improvement as it did not identify gaps in medication administration records.

6. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Medication auditing tool for the designated centre will be reviewed and will be changed so that that it includes an audit of records this will be included in the local procedure guidelines. This will also be included in the audit tool used by the Best Practice Committee.

Proposed Timescale: 01/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

Some health care information related to resident care was not suitably recorded.

7. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

PIC and PIMMs will review this information in the care plans and ensure that they are clear and followed by all staff. This will be done when reviewing individual's personal profile and will be updated as required.

Proposed Timescale: 01/02/2018