<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011854</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 7</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:carmel.gormally@docservice.ie">carmel.gormally@docservice.ie</a></td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mary Lucey-Pender</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Carmel Gormally</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>10</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 April 2014 10:00
To: 02 April 2014 17:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

This was the first inspection of this community based residential centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

This centre forms part the Daughters of Charity, a large service provider services to persons with disabilities in Dublin and is considered to meet the criteria for registration as a designated service under the Health Act 2007. The inspection was announced and took place over one day. As part of the inspection process the inspector met with the provider nominee, person in charge, staff, and residents. Inspectors observed practices and reviewed documentation such as health care records, policies and procedures and staff files.

The centre compromises two separate residential living units, which were adjoined semi-detached houses with an adjoining door. The centre is managed by the same person in charge and nominee provider.

Overall the inspector judged that while there were some areas to improve upon, residents were well cared for and supported by staff who knew the residents very well. There was evidence of good practice found across all of the nine outcomes.
inspected against. The outcome relating to the healthcare needs of residents was deemed to be fully compliant with the Regulations. Areas of non compliance with the Regulations included one major non compliance relating to the suitability of the premises in meeting the needs of one resident. Minor and moderate non-compliance was identified in the remaining outcomes and are detailed within the body of this report.

Action plans at the end of the report reflect the outcomes not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 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

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:
The inspector found that each resident had a personal plan, which detailed their individual needs and choices. Residents were also involved in the development of their personal plans and staff provided a good quality of social supports to residents. However, some improvements were required to ensure personal plans were outcome focused rather than solely activity based, and to ensure that reviews consider how the impact on the lives of residents had or should have improved.

The inspector found evidence that residents were supported to transition between services for example, one lady was in the process of moving out to live in another centre. She had expressed her wishes clearly in this regard, highlighting the elements of her current living environment that she did not like, including sharing a bedroom. These wishes were clearly documented, and she also spoke to the inspector about this. The process of supporting her transition to another living environment had begun on a
phased basis, to assist her to make an informed choice.

Each resident had a personal plan in place and the inspector reviewed three of the plans in detail. Two residents also showed the inspector their personal plans which were provided in the form of a book using pictures and narrative. They were based on the individual support needs of the resident and there was evidence of regular review and participation of the residents in the development of their personal plans. Subsequent to the documentation review inspectors discussed the plans with residents and found that the residents were aware of the content in relation to the goals set for the coming months as well as previous achievements. The personal plans contained important information about the residents' backgrounds, including details of family members and other people who are important in their lives. They also contained information about residents' interests.

While the personal plans included planned activities such as going on holiday or going swimming, they were not focused on outcomes for residents, and it was not possible to use the plans to evaluate whether the activities enhanced the quality of life for residents. Residents also told the inspectors that they got bored sometimes within the house. Staff confirmed that there was minimal involvement of residents in the everyday activities of living such as cooking, cleaning and doing laundry. Personal plans did not make any provisions to support residents to maintain or enhance life-skills required to encourage more independent lifestyles.

### 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

#### Judgement:
Non Compliant - Major

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

#### Findings:

This outcome was not planned as part of this monitoring inspection however; during the course of the inspection it became clear to the inspector that the design and layout of the centre was not suitable for meeting the needs of one of its residents. Therefore, only this component of this outcome is highlighted within the inspection report.

One of the people living in the centre was a full time wheelchair user and the inspector formed the view that the premises did not meet the needs of this resident as the design and layout did not promote the residents safety, dignity, independence and wellbeing.
For example, the centre was not wheelchair accessible as there was a step at one front
door, and a large raised section leading into the porch on the other front door. The
entrance(s) to the house were also very narrow and the general layout of the house was
not wheelchair friendly for example, all internal doorways were narrow. The resident
could not access the first floor of the house if they so wishes and all light switches were
out of reach. This layout significantly restricts the residents movement and access
throughout the house which then made the resident more dependent on staff to
mobilise from one room to another.

Additionally, while this resident could weight bear, and could stand with the assistance
of staff and handrails, possible future needs could not be catered for as there was
limited room for a hoist within the resident bedroom, or bathroom.

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
Overall it was found that the health and safety of residents, visitors and staff was
promoted and protected. There were adequate precautions in place to protect against
the risk of fire. There were also policies and procedures in place to guide staff in relation
to health and safety procedures. However, there was some improvement required in the
areas of infection control and in personal evacuation plans.

There was a centre specific fire evacuation plan in place and staff and residents were
familiar with the evacuation procedures. There had been frequent evacuation drills
carried out with a total of six recorded in 2013. Consideration had also been given to the
evacuation of residents when they were in bed, with three drills recorded in the last 6
months when residents were in bedrooms at the time of the drill. All these evacuation
reports were read by the inspector, and all evacuations were prompt and without
significant issue. There was also evidence of learning from previous evacuation drills.
However, it was not clear how the resident who required significant staff support to
evacuate using a wheelchair would be evacuated safely given the limitations in the
premises. For example, while staff spoken to were knowledgeable of the evacuation
supports this resident required, this was not identifiable in a personal evacuation plan
for this resident, or clearly documented in the centre specific plan referred to.

The fire safety equipment had been serviced annually, and there was a weekly check list
which was signed by staff checking escape routes, fire extinguishers, and the fire alarm
The organisational infection control policy in operation was dated 2006 and required review. There was no centre specific policy to consider local issues such as infection control measures for example, the situation of the laundry room required staff and residents to pass through to access a bedroom and bathroom. In addition, this policy stated that infection control audits were to be carried out on a monthly basis, and provided templates for this audit. No audits had been completed.

All residents had manual handling risk assessments in place which had been assessed with the input of an occupational therapist and physiotherapist. There was a health and safety committee in place, and the person in charge referred to communications from this committee which had been addressed in the centre such as direction to get extractor fans cleaned and direction for staff accompanying residents on organisational transport. There was also a risk management policy in operation and environmental assessments as well as individual risk assessments were read by the inspector.

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
Judgement: Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
Generally inspectors found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvements were required in the policy and while staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse, not all staff had been provided with training on the protection of vulnerable adults. The policy on protecting residents from abuse was currently under review, and was being updated in line with the revision of the national (HSE) safeguarding policy. Staff spoke mindfully of the importance of promoting the safety and respect for each resident. The inspectors observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident who required one to ensure privacy was respected, independence was promoted, and to protect the residents from any risk during the delivery of intimate care.
Residents stated they felt safe and were able to tell the inspector about a number of staff whom they could talk to if they felt unhappy. The inspector found that staff supported residents to develop skills needed for self care and protection. However, ongoing care practices identified areas in which staffing practice impinges upon the privacy and dignity of individuals. For example, staff were carrying out hourly checks on all residents throughout the night. There were no care plans in place relating to this practice, and therefore the need for this intervention could not be identified.

The person in charge reported that physical restraint was not used within the centre. PRN (as required) medication was used as part of residents’ behavioural plans. The inspector found that there was a clear protocol in place around this intervention using a ‘traffic light signal’ approach, with the colours indicating corresponding behaviours and appropriate responses. All of these phases listed least restrictive alternatives with the chemical intervention only introduced as a last resort.

All staff had received training in the management of challenging behaviour and also in the therapeutic management of aggression and violence (TMAV). However, staff and the person in charge told the inspector that while the distraction technique elements of this training had been used on many occasions, any physical restraint techniques had never been used.

### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

**Judgement:**
Compliant

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

**Findings:**

The inspector found that residents were supported to access health care services relevant to their needs. The inspectors reviewed a number of personal care plans containing medical information and found that they had access to a general practitioner (GP) including an out of hours service if required. There was evidence that residents had accessed other health professionals such as dietician, speech and language therapists and were supported as required by staff and/or family members.

Residents had access to a comprehensive multi-disciplinary support team and residents were being supported to deal with significant health complications within their own home. There were nursing staff available to residents at all times, and residents had detailed health care plans in place. All of these supports ensured residents were
supported with their individual and complex support needs in areas such as Parkinson’s disease and cancer. Health care plans were being reviewed as required. Complex health care plans were also read by the inspector in relation to dental support and interventions.

Residents decided what they wanted for their main meal in the centre and resident meetings took place on a weekly basis to decide upon the menu. Minutes of these meetings were read by inspectors. Alternative food was available if residents choose to have something else to eat, or did not like the particular days choice. The inspector found there was a supply of fresh and frozen food and residents could have snacks upon request.

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

**Findings:**

Generally, the inspector found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management. The provider had developed a detailed and informative policy on the management of medication. There was also clear policy and guidelines in relation to centre specific medications and related practices. The centre was provided with nursing cover at all times, and nursing staff were responsible for the administration of medication.

The receipt of medication was being recorded and medication was being stored in a locked cabinet in the kitchen. The prescription sheet provided clear guidance to staff on the dose, route and times that medication should be administered. However, some improvement was identified in relation to the auditing of medication which was not compliant with the centres policies. The policy referred to weekly auditing which was not always carried out. In addition, the way in which the audit was being recorded did not provide assurance that the findings were accurate. This non compliance was discussed with and acknowledged by the person in charge during the inspection process.
**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

**Judgement:**
Non Compliant - Minor

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

**Findings:**
While the statement of purpose contained most of the information required by the regulations, it did not contain sufficient detail in relation to the specific care needs that the centre is intended to meet, the organisation structure and within the description of the house.

Additionally, the statement of purpose had not been made available to residents and their representatives.

**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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The centre formed part of a larger organisation with complex management structures, however the provider and person in charge were clear on their responsibilities and were both effectively engaged in the governance and operational management of the centre. The management structure of the centre was clear to all staff and included the supports
that were in place to assist the person in charge to deliver a good quality service. The provider visited the centre regularly and was knowledgeable about the service. She was also well known to the residents.

The provider had undertaken a number of audits and reviews in relation to safety issues within the centre. There was a regular review of risk management arrangements and incidents and accidents. The provider has also identified a number of policy and procedural areas for development. These included areas of staff training, intimate care guidelines and the review of the safeguarding policy and reporting procedures. However, there was limited evidence available in relation to the effective management and review of quality within the centre, and any such review is not provided to residents or their family.

The inspector found that the person in charge was appropriately qualified and had sufficient experience in supervision and management of the delivery of appropriate care in a community based group home. The person in charge, as well as staff on duty are supported by a ‘Nurse Manager on Call’ system which provides direct access and support to a CNM3 should it be required.

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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

In the course of this inspection four staff members files were reviewed and were found to contain all of the documents as required by Schedule 2 of the Health Act 2007 (Care and support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, not all staff working in the centre were listed on the proposed or actual roster. Staff employed as relief staff were only listed as ‘relief’ rather than named. The person in charge was able to liaise with the provider’s office to determine the individual who actually worked any given shift. However, this was not complaint with the regulations.
Training records were reviewed and identified areas of training which were required such as adult protection and food safety. The provider informed the inspector that a plan was being devised to provide training in the areas of adult protection.

There was adequate supervision in place such as regular staff meetings one of which took place on the day of inspection. This meeting was well planned with a copy of the agenda provided to staff in advance. All staff meetings were also appropriately recorded with clear minutes and agreed actions documented.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Date of Inspection:</td>
<td>02 April 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 April 2014</td>
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**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 and the National Standards for Residential Services for Children and Adults with Disabilities.

**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:**
Residents' personal plans tended to be activity based rather than outcome based and it was not possible to assess or demonstrate the effectiveness of each plan.

**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:**
Service users and key workers will collaborate to devise more outcome based personal plans per the service users’ wishes. Clear documentation of all stages of planning and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Implantation will be maintained. Progress towards goals will be evaluated on a monthly basis. Per PCP schedule.

**Proposed Timescale:** 31/12/2014

### Outcome 06: Safe and suitable premises
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre was not wheelchair friendly and therefore did not meet the individual needs of all residents in its current state.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
Renovations to provide a wheelchair accessible front entrance has been approved and work is due to be completed by August 2014. Consultation with the service logistics officer and occupational therapists will take place to seek advice regarding further adaptations required to meet the service user's needs.

**Proposed Timescale:** 31/08/2014

### 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:**
Infection control measures as identified within the organisational policy were not being followed, and the policy was out of date and in need of review.

**Action Required:**
Under Regulation 27 you are required to: 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.

**Please state the actions you have taken or are planning to take:**
An infection control audit has been completed and will be carried out on an annual basis per service Infection Control Committee guidelines. We are guided in this by the HSE, Community Infection Prevention and Control Manual. (Nov. 2011)

**Proposed Timescale:** 30/04/2014
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Individual plans were not in place for all residents to guide staff in the event of an evacuation.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
An evacuation plan for dependant service user has been placed in fire register folder.

**Proposed Timescale:** 03/04/2014

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**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:**
Not all staff had received training in the safeguarding and protection of vulnerable adults.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Staff will attend training in calendar year.

**Proposed Timescale:** 31/12/2014

---

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents were being checked on every hour throughout the night, with no individual assessment of need identifying supports needs to warrant this intervention.

**Action Required:**
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Please state the actions you have taken or are planning to take:**
Each service user has been assessed as to their individual requirements in this area.
Their need to be checked on or not has been documented in their care plan. Key workers will continue to assess this need and ensure service users are comfortable with changes made.

**Proposed Timescale:** 30/04/2014

### 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:**
Auditing of medication was not been carried out in a consistent fashion, and was not in line with organisational policy.

**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:**
An audit of PRN medication has taken place and will be completed on a weekly basis. Auditing of medication in general will take place per service policy.

**Proposed Timescale:** 18/04/2014

### Outcome 13: Statement of Purpose

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While the statement of purpose contained most of the information required by the Regulations, it did not contain all of the information required.

**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:**
Information relating to the admission and transferring of service users has been added to the Statement of Purpose. More detail has been added as to how the specific care needs of the service users are met by the staff. A detailed floor plan of the house is to be drawn up and added.
### Proposed Timescale: 31/05/2014

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose had not been made available to residents, their families or their representatives.

**Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

**Please state the actions you have taken or are planning to take:**
A letter has been sent to service user families advising them that they may have a copy of the Statement of Purpose if they so wish. A copy is already available to the service users.

### Proposed Timescale: 31/05/2014

**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:**
There was an inadequate review of the quality of care provided within the centre.

**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:**
A review of quality of care is scheduled to take place.

### Proposed Timescale: 31/07/2014

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A review of the safety and quality of the service was not provided to residents or their representatives.

**Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.
Please state the actions you have taken or are planning to take:
A copy of the review of quality and safety of care and support will be made available to the residents and their representatives when completed.

**Proposed Timescale:** 30/09/2014

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A clearly identifiable actual roster was not available within the centre to clearly identify all staff working in the centre on any given day.

**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
A copy of the actual roster is now available with all relief and agency staff clearly named.

**Proposed Timescale:** 21/04/2014

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff had not received essential training in areas such as safeguarding vulnerable adults and food safety.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Staff will attend training as scheduled throughout the year.

**Proposed Timescale:** 31/12/2014