**Health Information and Quality Authority**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011515</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Louth</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Alison.finnegan@sjog.ie">Alison.finnegan@sjog.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Bernadette Shevlin</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Alison Finnegan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Siobhan Kennedy;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>15</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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 un-announced and took place over 1 day(s).

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

From: 09 May 2014 11:30  
To: 09 May 2014 19:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

The designated centre comprises of three residencies in the community. This was the first inspection of the centre.

Staff members who communicated with the inspectors emphasised the importance of promoting a social care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences and choices and maximising their independence. The inspectors found many examples which evidenced this philosophy of care.

The inspectors found that in the main, the privacy and dignity of residents was respected and staff had developed appropriate strategies and communication systems to assist residents to make decisions about their care and day to day life in the centre. Inspectors noted that there was input from a multidisciplinary team and that plans were regularly reviewed.

The location, design and layout of the premises, were suitable for residents’ use. The health and safety of residents, visitors and staff was promoted and protected as staff were in the main observant in identifying, analysing and controlling risks. There was evidence of a risk management policy (in draft form); however, a risk register was
not being maintained.

While there was a service agreement it did not fully meet the requirements of the legislation, storage of controlled medication required improvement and the statement of purpose had not been compiled in accordance with the schedule in the legislation.

There were appropriate staff members and skill mix to meet the assessed needs of residents, however, a review as to the limitations regarding having one staff on duty was required.

These findings are outlined in the body of the report and requirements are included in the action plan at the end of this report to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Systems were described as in place to support residents’ rights, dignity and consultation.

Staff and residents told inspectors that weekly and regular meetings were held and facilitated by staff to enable residents within the centre to discuss matters arising and plan for the coming week. This included consultation in relation to menu planning, food shopping, transport arrangements, preferred activities, holidays and outings.

Meetings held with residents comprising of staff and multidisciplinary team members involved with residents, external professionals and family/residents representatives was described as in place to review and inform decisions in relation to residents care and welfare.

A complaints process was in place and residents who spoke with inspectors expressed an awareness of the procedure and felt able to voice their concerns. An easy read version of the complaints procedure was to be developed in an assessable format to suit residents needs. Complaints records were review and while the outcome of complaints were known by staff a record was not completed to demonstrate the complainant was informed of the outcome and satisfaction level or leave to appeal.

Staff were observed by inspectors to interact and engage with residents in a respectful and appropriate manner. Residents had been informed of the inspection taking place and were afforded a choice to meet inspectors. Staff told inspectors of residents communicated preference and choices to inform the inspection process.
Key-worker arrangements were described as an arrangement to support residents on an individual basis. Residents who met with inspectors demonstrated an awareness of their allocated key-worker and were complimentary of the support arrangements in place.

Personal and intimate care practices were not observed by inspectors, however, inspectors were permitted by residents and staff to examine individual bedrooms and all communal rooms used. Residents’ rooms were personalised with photographs, pictures, colourful and creative items, television, table and chair, double or single bed and preferred furnishing that was meaningful to them.

Inspectors found that while privacy, dignity and consultation were advocated, the use of baby monitoring devices seen in bedrooms may compromise residents’ privacy and dignity.

The management of residents’ finances was not examined or inspected on this inspection.

**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

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
This outcome was not examined in full at this inspection, however, the admissions criteria was not explicit and the policy was insufficient.

In addition, clarity was required in relation to service agreements as in a sample reviewed the supports and services to be provided and fees to be charged were not specified.
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:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
In total the designated centre accommodated 15 residents who had a range of dependencies as a result of physical and intellectual disability.

Overall inspectors found that the arrangements in place to support residents’ needs were set out in individual personal care plans that demonstrated access to appropriate services and supports to assist residents in achieving a good quality of life.

Individual personal care plans, goals and preferred lifestyles were recorded and reviewed on a regular basis, however, signatures and dates were not consistently recorded which is included in outcome 18 action plan. There was evidence of referrals and meetings with key significant personnel in the lives of residents including psychologist, behavioural therapist, occupational therapist, community nurse, care staff, key workers and family members. A behavioural therapist and psychologist are available to assist/support residents and care staff. Residents were involved in compiling their personal care plans which included a holistic approach to enabling residents while meeting their required needs. Arrangements and supports were described to facilitate resident goals including friendships and relationships.

Overall, inspectors were satisfied that residents were involved in a variety of activities including developing social relationships and attending a variety of social outings/occasions and/or attending a retirement activation programme. Other activities include shopping, swimming, socialising and attending the cinema. Some residents had work placements in a few locations.

Staff were knowledgeable of residents' needs and behaviour support plans, and of risk assessments and control measures in respect of residents’ activities.
**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:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The designated centre consists of three separate dwellings within the community. One dwelling had landscaped gardens with ample car parking facilities and the other two had an internal courtyard and patio areas. The centre was well maintained and systems were in place for enhancement, maintenance and repair.

Overall, the design and layout of the centre was suitable and sufficient to meet the assessed needs and choices of residents. Residents’ all had individual bedroom accommodation that was spacious and many contained an en suite or nearby bathroom. The environments were clean, tidy and homelike and residents had personalised their home to their taste and preferences. The furnishings and support equipment were appropriate, fit for purpose and favourable to residents’ requirements.

There was good access to safe internal and external grounds and a variety of outdoor equipment was available. Residents’ homes were warm and comfortable. Inspectors observed that residents had adequate space for their own personal possessions. There were separate kitchen areas and sufficient cooking facilities. Inspectors observed a group of residents being assisted and supported by staff appropriately with food and drinks. The dining experience appeared sociable, calm and enjoyable for all.

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**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 - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
A system for responding to emergencies was in place, however, a health and safety statement specific to the centre had yet to be finalised.

While there was a policy (in draft form) in respect of risk management the inspectors found that the health and safety of residents, visitors and staff was promoted and protected, however, a risk register specific to the centre was not maintained and a risk associated with accessibility of a significant number of keys in one area had not been identified.

The centre was clean and access to protective equipment was available. Residents were sufficiently protected as standards for the prevention and control of health care associated infections were in place. However, the practice of storing mops outdoors was to be reviewed.

There were adequate precautions in place against the risk of fire as there was evidence of fire drills carried out at appropriate intervals within the designated centre and each resident had an individual evacuation plan informing staff of the support residents require in the event of an emergency. Inspectors saw that fire exits were not obstructed. Residents described to the inspectors what to do in the event of the fire alarm sounding and staff training in fire safety, basic life support, manual handling and techniques in managing aggression and violence was provided and with refresher courses ongoing.

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:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The designated centre had an interim policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse. The designated person responsible for the investigation of allegations and suspicion of abuse was prominently displayed throughout the designated centre in a pictorial form which made it accessible to residents. Staff who communicated with the inspectors were
knowledgeable of what to do in the event of an incident, allegation or suspicion of abuse and training in relation to safeguarding had been provided.

The inspectors reviewed the systems in place regarding the positive behavioural support plans and found that access to specialist and therapeutic interventions for behaviours which were challenging were identified with specific actions/interventions necessary to mitigate against the behaviours.

**Outcome 11. Healthcare Needs**

*Residents 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:**

No actions were required from the previous inspection.

**Findings:**

From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy the best possible health.

There was a health care plan available in the residents’ care planning documentation which included a health screening assessment. Access to, referrals and appointments of residents’ attending GPs and Allied health professionals such as physiotherapists, opticians and speech and language therapy was evident.

Residents had opportunities for development and new experiences and this was progressed through their goal planning. A group of residents had planned a cruise as part of their goal planning over the course of three years.

From the menus made available to the inspectors and observations it was considered that residents’ had nutritional and varied meals which were made available at times suitable to residents. In general, residents had breakfast and an evening meal in their homes and had lunch at the day centre they attended. Residents were encouraged to have snacks and there was evidence of fruit bowls in the kitchens. Residents weights were monitored as needed and some residents informed inspectors of weight loss goals achieved and planned. Residents were satisfied with this aspect of their care and support.
### 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:**
No actions were required from the previous inspection.

**Findings:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A system was in place for reviewing and monitoring safe medication management practices.

Individual medication plans were appropriately implemented and reviewed, however, the storage of controlled medication was not in accordance with current guidelines and legislation or the centres policy.

### 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:**
No actions were required from the previous inspection.

**Findings:**
While there was a statement of purpose which described the services, facilities and care provided to meet the diverse needs of residents and which contained, in the main, the information set out in schedule 1 of the legislation the following points required review:

- The document contained reference to a domus service and abbreviations which had not been fully described
- There was a variety of adjectives used to describe the word "resident"
- Adequate measures taken in respect of "Other Emergencies" had not been adequately described
- The admission policy/procedure had not specified any limitations or exclusion criteria
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:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The role of person in charge of this centre is shared by two nurses, who were both present to facilitate this inspection and support staff and residents.

Inspectors saw that there was adequate staffing levels and skill mix provided to meet the needs of residents. Skill mix comprised of nurses, social care workers and an organisational multidisciplinary team. Examples of providing additional staff support for residents in palliative care was described, and flexibility with staffing arrangements was at the discretion of the person/s in charge and demand led. However, the inspectors were informed that at times in the past there have been limitations to having one staff member supporting a group of residents, for example, if a resident requires/wishes to go out all the residents must also make the journey.

The staff members demonstrated that they had good knowledge of residents’ care needs and were aware of the necessity to have continuity of staff in the provision of care to residents.

There was evidence of staff having participated in training relevant and to meeting the needs of residents as outlined in outcome 7.

Volunteers were actively involved in assisting staff support residents for activities such as planned outings and vacations. However, records pertaining to volunteers, staff files and recruitment procedures were not inspected at this time.
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

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
This outcome was not inspected. However, signatories and dates on personal care plan documents and reviews were not consistently recorded as outlined in outcome 5.

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:
Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

| Centre name: | A designated centre for people with disabilities operated by St John of God Community Services Ltd |
| Centre ID: | ORG-0011515 |
| Date of Inspection: | 9 May 2014 |
| Date of response: | 19 June 2014 |

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 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of baby monitoring devices seen in bedrooms may compromise residents’ privacy and dignity.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The baby monitor which was used for a resident up until January 2014 has not been in use within this residential /Designated Centre since January 2014 and has been

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions criteria was not explicit and the policy was insufficient.

Action Required:
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The Admissions, Transfer and Discharge Policy will be reviewed for this Designated Centre in accordance with the admissions criteria outlined within the Centre’s Statement of Purpose.

Proposed Timescale: 31/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Clarity was required in relation to service agreements as in a sample reviewed the supports and services to be provided and fees to be charged were not specified.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
1. A Corporate Application for Supports Policy which informs contracts of care will be presented to the Board of St John of God Community Services Ltd in June 2014. On approval from the Board this policy will be rolled out to each Designated Centre and all staff will be inducted into this with immediate implementation.
2. A group at corporate level within Saint John of Community Services Ltd with involvement from the Quality and Programme Department and Finance Department is currently being developed with appropriate Terms of Reference. This Group will be recommending standardised charges and allowances for residents across Saint John of God Services and this will inform the contract of care for residents.
### 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:**

A health and safety statement specific to the centre had yet to be finalised.

The risk management policy had not been finalised or implemented in practice.

A risk register specific to the centre was not maintained and a risk associated with accessibility of a significant number of keys in one area had not been identified.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. The Site Specific Safety Statement for this Designated Centre will be reviewed/amended and finalised. 31/07/14
2. The Risk Management Policy specific to the Designated Centre will be completed. 17/07/14
3. All staff within this Designated Centre will be inducted into the Risk Management Policy and any identified Action Plans will be reviewed and monitored by the Person In Charge. 30/08/14
4. The risk identified associated with the storage of keys during the Monitoring Inspection has been addressed. Completed on 9/05/14
5. Saint John of God Hospitaller Ministries Corporately are currently exploring the services of a specialist Risk Management Company who will a) provide specialist advise to Saint John of God North East Services on the development of a service risk register including a local risk register for the Designated Centres and b) provide risk management training to staff at all levels across the services including residential staff with a view to developing their competencies in taking a proactive role in the management of all risks within the Designated Centre and to effectively develop appropriate risk assessments for their Designated Centres. 31/12/14

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### Proposed Timescale: 31/12/2014

**Theme:** Effective Services

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

The practice of storing mops outdoors requires review in accordance with the prevention and control of health care associated infections recommendations.
**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:**
1. The inappropriate storage of cleaning mops and buckets as identified during the Inspection Visit has been addressed with the allocation of an appropriate designated storage area within the centre. Completed 31/05/14
2. Information sessions on infection control are carried out regularly by the CNS in Health Promotion. These sessions take place at house meetings or a planned session within the centre. On-going

**Proposed Timescale:** 31/05/2014

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**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 storage of controlled medication was not in accordance with current guidelines and legislation or the centres 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:**
The safe storage of controlled medication as identified during the Inspection Visit will be addressed by the installation of a locked cabinet which will meet current guidelines and legislation. Included in this measure is the introduction of a small fridge for storage of medication requiring refrigeration.

**Proposed Timescale:** 25/06/2014

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**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 there was a statement of purpose which described the services, facilities and care provided to meet the diverse needs of residents and which contained, in the main, the
Information set out in Schedule 1 of the legislation the following points required review:
- The document contained reference to a Domus service and abbreviations which had not been fully described
- There was a variety of adjectives used to describe the word "resident"
- Adequate measures taken in respect of "Other Emergencies" had not been adequately described
- The admission policy/procedure had not specified any limitations or exclusion criteria
- The document was written pertaining to the resident as opposed to general information.
- The designated centre was insufficiently described.

Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
1. The Centre’s Statement of Purpose shall be amended to include the outstanding items form Schedule 1 of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. 30/06/14
2. The Centre’s Statement of Purpose shall be reviewed on a monthly basis by the Person In Charge to ensure it is reflective of the Centre. The Designated Centre will be reviewed and amended to include the points as identified during the inspection. Ongoing

Proposed Timescale: 30/06/2014

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<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
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<tr>
<td><strong>Theme:</strong> Use of Information</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Signatories and dates on personal care plan documents and reviews were not consistently recorded.</td>
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<td><strong>Action Required:</strong> 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.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> 1. All documentation in the Individual Personal Plans as identified during the Inspection Visit have been reviewed by keyworkers to ensure that they are all dated and signed. Completed on 15/06/14 2. The Person In Charge has commenced a process whereby staff are reminded through weekly visits and house meetings the importance of ensuring that all documents in the Individual Personal Plans are a) signed b) dated and c) a review date</td>
</tr>
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</table>
3. The Person in Charge will conduct monthly audits of the Personal Plans to ensure compliance with regulations and appropriate standards. Commenced on 15/06/14

**Proposed Timescale:** 15/06/2014