

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002648
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Laura Keane
<b>Lead inspector:</b>	Mary Moore
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **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: 23 September 2014 09:30 To: 23 September 2014 19:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection by The Authority of the residential unit. At the time of inspection there were four residents living in the centre all of whom were accessing resource services on a daily basis Monday to Friday. The inspection was facilitated by the person in charge and the team leader and the inspector observed practice and reviewed records and documentation including policies, health and safety records, support and personal plans and staff records. The inspector remained in the centre to meet with the residents on their return in the evening.

The overall inspection findings were positive. Non-compliances were identified and the person in charge was requested to address one failing in medication management prior to the conclusion of the inspection. Overall the inspector was satisfied that adequate governance arrangements were in place, staff were very familiar with each of the four residents, their strengths and needs and their required supports and services were delivered in close consultation with families. Records seen indicated that staff sought to facilitate and promote each residents wellbeing, independence and dignity. The premises was fit for its stated purpose.

**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

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector reviewed documentation and discussed with staff the procedures in place for assessing and reviewing each resident's needs and wishes and agreeing the support and assistance necessary to assist residents to meet assessed needs and goals; the support plan and the person centred plan. The inspector noted that assessments were comprehensive and very personalised and given the needs of the residents were reviewed in consultation with responsible family members. There was a clear system of personal plan review and documentary evidence of annual review conducted with the participation of multi-disciplinary team members as appropriate and the residents' representatives. There was a clear ethos of promoting independence, well-being and dignity and improved personal and social outcomes for residents; the inspector was satisfied that a reasonable balance was found between independence and safety. Each resident had a key-worker and a daily record was maintained of each resident's daily activity and wellbeing. Where meaningful and appropriate the plan was made available in an accessible pictorial format to the resident. However while satisfying regulatory requirements in terms of assessment, the supports required, review, consultation and participation the format and level of documentation in place lacked cohesion and made it difficult to accurately establish what all agreed goals were, who was responsible for pursuing goals/objectives and if the goals/objectives were still relevant or desired and had been met within the agreed timescale. This was discussed by way of recommendation with the person in charge and team leader.

Each resident was facilitated and supported practically to access the resource service on a daily basis. There was documentary evidence that residents were supported to transition between other services such as the General Practitioner (GP) and other healthcare services with staff utilising as appropriate strategies such as "social stories" to ease transition.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The premises was a dormer style, domestic dwelling located on a spacious site in a rural area but in close proximity to the village. The premises appeared to be of sound construction and kept in a good state of repair. On the day of inspection that premises was suitably heated, lighted and ventilated. Each service user was allocated their own bedroom; rooms were of a suitable size and layout to meet their needs including provision for personal storage. Sanitary facilities were adequate, two bedrooms offered en suite sanitary facilities and a further two bathrooms were provided. There was a ground floor bathroom with toilet, wash-hand basin, floor level bath and assisted shower and a bathroom on the first floor, with toilet, wash-hand basin and floor level bath.

Residents had a choice of two communal areas one of which also provided space for recreational activities. A sensory room was also available to residents; this had been relocated to the first floor and at the time of inspection all of the therapeutic equipment had not all been fully relocated.

There was a spacious kitchen and a separate dining room. Cooking facilities were sufficient and adequate kitchen equipment and tableware were provided. Adequate equipment and staff support were in place to allow each service user to launder their own clothes if they so wished. Staff confirmed that general waste was disposed of via the local waste collection service and this was evident on the day of inspection.

The external area was spacious, relatively secure with seating provided and evidence of recreational gardening activities for residents.

**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):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector was satisfied that measures were in place to ensure in so far as was reasonable practicable the health and safety of residents, staff and other persons. The inspector saw that the wider organisational health and safety statement and a centre specific health and safety statement dated August 2014 were both in place. There was a clear organisational policy and procedure for the assessment and management of risks, record keeping and incident reporting; staff were conversant with procedure and records seen supported its implementation. The inspector reviewed a broad range of completed centre specific risk assessments that were kept under review, outlined existing controls, any further measures required, timescales and responsible persons. The risks as specified in regulation 26(1) (c) were included in the risk register.

Records seen indicated that risk assessments were brought to the attention of and discussed with all staff. In addition individual residents support plans seen were supported by risk assessments pertinent to their individual safety and well being. The inspector was satisfied that there was evidence of the implementation of measures identified as necessary to reduce risk. Staff also reported and there was documentary evidence to support that in response to a specific recently identified risk training had been provided to eight staff and further advanced training was scheduled.

Given the statement of purpose manual handling requirements were low but each resident had a completed manual handling risk assessment and manual handling training for staff based on the records seen was within mandatory requirements with further training scheduled in November 2014.

The fire register was well maintained and from it the inspector saw that fire fighting equipment was serviced annually most recently in March 2014. Certificates were in place attesting to the testing and inspection of emergency lighting and the fire detection system at the prescribed intervals most recently in May 2014 and August 2014 respectively. Records seen indicated that four practical simulated evacuations of the centre including both staff and residents as practicable had been undertaken since March 2014 and each resident had a current personal emergency evacuation plan outlining the assistance required by them to aid safe evacuation. The inspector saw that fire exits were clearly indicated; unobstructed and daily checks of fire safety systems were completed and recorded on a daily basis by staff. The actions to be taken in the event of fire and the fire evacuation plan were prominently displayed in the main entrance hall.

The inspector did note the use of wedges to hold open fire doors and there was documentary evidence that this was also raised following a visit from the local fire authority in April 2012. Staff provided a reasonable explanation for their use and the factors that mitigated against the use of other more appropriate devices. This requires further exploration, an assessment of all the risks in relation to the use of door wedges and a fire safety plan if their continued use is necessary.

An apparent deficit in staff training in fire safety procedures based on the training records seen is discussed in Outcome 17.

There were clear procedures in place for the identification, recording, reporting, investigation and learning from accidents, incidents and adverse events. There was clear documentary evidence to support this and that incidents were analysed locally and through the wider organisational risk management system.

There was an emergency plan, emergency contact numbers, an on-call management system and alternative accommodation for residents in the event of evacuation.

A vehicle was available to staff to transport residents to and from the centre for occupational and recreational purposes. Staff reported that there was an organisational head of transport who co-ordinated and managed staff drivers. The inspector saw that the vehicle was taxed and insured. However, while there was also evidence that the vehicle had recently had a successful national car test (NCT) records were not available for inspection to support that the vehicle was regularly serviced, roadworthy and equipped with appropriate safety equipment.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector saw and staff spoken with confirmed that measures to protect and safeguard residents were in place. Overall and in balance there was evidence of good

staff recruitment practice and ongoing formal staff supervision practices where staff and management discussed any challenges and concerns. The inspector saw a comprehensive organisational policy on adult protection implemented January 2013 and the local reporting algorithm was prominently displayed; there was a dedicated protection liaison officer available within the wider organisation. Staff received training on adult safeguarding and Children First, training records indicated that training had most recently been provided earlier this year. The person in charge confirmed that there had been no incident of alleged, suspected or reported abuse within the service.

The resident's right to independence and privacy and the supports required for personal care were clearly addressed in the personal plans seen by the inspector.

Policies were in place for responding to and managing behaviours that challenged and for the use of restrictive practices. There was no visible evidence of physical restraint or unnecessary or unreasonable environmental restraint; the inspector was satisfied that environmental modifications that were seen were required so as to promote independence, safety and well being. The practice observed by the inspector, staff spoken with and support plans reviewed demonstrated that staff adopted a therapeutic approach to the management of behaviours. The inspector saw comprehensive personalised behaviour management plans where each resident was profiled including not only behaviours but their strengths and positive qualities; the behaviours, their interpretation and possible triggers were clearly described and a daily therapeutic support plan was in place. The inspector observed staff to implement therapeutic diversions and discuss and alter the plan in line with the residents needs. There was documentary evidence that as necessary behaviour management plans were reviewed and informed by input from the behaviour therapist and psychiatry, pharmacological interventions were implemented for the resident's safety and well being and all care was delivered in close consultation with family members. There was a protocol in place for pharmacological intervention and challenging behaviours and their management were recorded, monitored and reviewed.

Training records seen did not provide sufficient evidence to support that all staff employed including relief staff had attended the required training update on the management of behaviours that challenged and this is addressed in Outcome 17.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector spoke with staff and found that with due regard for the nature of each residents disability staff were very familiar with each resident's physical wellbeing and healthcare requirements particularly in relation to presentation and behavioural cues. This knowledge was reflected in the support plans and daily records seen by the inspector. The inspector saw that residents looked well and staff reported that in general residents enjoyed good physical health. There was documentary evidence that staff facilitated residents to access regular and timely GP review and treatment including the local to out-of-hours service. Records seen also supported that residents were facilitated to access other healthcare as required including the acute hospital services, psychiatry, nutritional services, psychology and dental services; the person in charge said that an occupational therapy review was routinely available biennially or as required. Staff monitored residents weights monthly and healthy eating was seen to be incorporated into support plans and daily routines. The inspector saw a good variety of dry, fresh and frozen food stocks, there was a menu in place that offered daily choice and staff also sought to enhance resident decision making capacity through the use of pictorial cues. The inspector saw that the evening meal was well presented, portion sizes were adequate, enjoyed by residents and that staff promoted the social dimensions of meals while respecting individual choices and preferences.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a comprehensive organisational policy in place governing medication management activities and the core components of this were condensed into a succinct local medication management policy for staff. At the time of inspection the person in charge confirmed that no resident was self managing their medications and this was reflected in the individual medication management plans seen. Staff spoken with confirmed that the provider facilitated initial medication management education, refresher training and undertook competency assessments with staff. Records seen indicated that further training was scheduled and competency assessments had been

completed with approximately 75% of staff in August 2014. An initial but comprehensive audit of medication management practices had been undertaken in May 2014.

The inspector saw that each resident had a medication prescription sheet signed and dated by their General Practitioner (GP) and staff maintained a record of the administration of medication that accurately reflected the prescription sheet. Medications were seen to be securely stored and there were procedures and signed verified records in place for the disposal of any unused or unwanted medications.

However deficits were identified and the inspector noted that the staff signature sheet was not complete and two resident's prescription sheets did not have a photo attached.

It was of concern to the inspector that notwithstanding the arrangements for staff training and the completion of competency assessments, that the inspector found four (minimum) medication containers in use with illegible labels as to their content, resident details and dosage instructions. Given the potential risk of a medication error the person in charge was requested (in conjunction with the pharmacist) to rectify this finding (and any other items identified) prior to the conclusion of the inspection; the inspector saw that this was completed and rectified.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector reviewed the statement of purpose dated August 2014 prior to the inspection and was satisfied that it contained all of the information required in Regulation 3 and Schedule 2 of the Health act 2007(Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities). Following the inspection the inspector was satisfied that the statement of purpose was an accurate description of the service and was implemented in practice.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector was satisfied that the centre was appropriately governed and managed. There was a clear management structure in place both locally and within the wider organisational system with clear roles, responsibilities and reporting relationships; staff spoken with were clear on these.

The person in charge was employed full time and while new to the post she had established management experience within the organisation and was very familiar with each resident by virtue of her previous role as service manager of the resource centre. While also responsible for the management of another designated centre there is currently no evidence to suggest that the person in charge is not adequately engaged in the governance, operational management and administration of the centres. The person in charge was suitably qualified and throughout the inspection process demonstrated accountability and responsibility for the service and residents and a commitment to improvement and regulatory compliance. The person in charge was supported by a committed team leader who was actively involved in daily operational management of the centre. Staff confirmed that there was an on call out of hour's manager available within the wider organisation. Opportunities for discussion, learning and peer support were facilitated through monthly regional management meetings.

Overall while areas such as medication management and staff training required greater oversight there was evidence of systems in place for reviewing services and the quality and safety of care and supports provided to residents. Centre specific audits were co-ordinated nationally by the organisation on areas such as financial management, medication management, staff familiarity with policies and procedures, communication strategies and health and safety; a report of findings issued and was available for inspection. The inspector reviewed one audit and saw that the process was comprehensive; findings and improvements required were clearly presented. In addition on a weekly basis the team leader formally monitored areas including staffing levels, medication management practices and the quality and content of documentation and record keeping. There was documentary evidence that services, care and support were planned and delivered in close consultation with (at times on a daily basis) service users and their families; this was also evidenced on inspection by the inspector. A formal

evaluation of the quality and safety of services provided had been completed with family members in 2013.

Minutes seen by the inspector of regularly convened staff meetings indicated that staff were facilitated and comfortable in expressing their views on the quality and safety of the services delivered and the care and support provided to residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre provided accommodation and support to four residents all of whom were attending off-site resource services Monday to Friday. Based on her observations, staff spoken with and records reviewed including the staff rota the inspector was satisfied that in line with the statement of purpose, appropriate numbers of staff with the required skills, qualifications and experience to assess and meet the needs of the residents were in place. The staff rota was clearly presented and identified the staff on duty at all times in the centre. Staff spoken with also confirmed that additional staffing resources were allocated as necessary to meet service requirements.

Staff files were made available for the purposes of inspection and a random sample of four was reviewed by the inspector. The files were well presented and were significantly compliant with regulatory requirements as specified in Schedule 2; however there was no proof of identity including a recent photograph in one file.

The inspector saw documentary evidence of the appraisal of staff performance following employment and the regular structured supervision of all staff on an ongoing basis.

Staff training records indicated that the staff training programme reflected mandatory training requirements and the statement of purpose; staff attendance was recorded. The inspector saw that completed education and training included manual handling, safeguarding children and adult residents, fire safety, primary food hygiene, first aid, medication management, personal care planning, epilepsy awareness and the

management of challenging behaviours. However, the training records indicated that there were deficits in staff attendance at training including staff employed on a part-time basis. While staff acknowledged that there may have been some discrepancy in the accuracy of the records seen the records including records in the fire register indicated that up to six staff required fire training with further possible gaps identified in managing challenging behaviour training.

**Judgment:**

Non Compliant - Minor

### **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:***

Mary Moore  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Action Plan**



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Phaisnéis  
agus Cáilocht Sláinte

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

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002648
<b>Date of Inspection:</b>	23 September 2014
<b>Date of response:</b>	17 October 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.

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 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:**

Records were not available for inspection to support that the vehicle was regularly serviced, roadworthy and equipped with appropriate safety equipment.

**Action Required:**

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by

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

persons who are properly licensed and trained.

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

A copy of national agreement for servicing and maintenance of vehicle between service provider and the leasing company available in service as of 13.10.2014

**Proposed Timescale:** 13/10/2014

**Theme:** Effective Services

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

The inspector did note the use of wedges to hold open fire doors and there was documentary evidence that this was also raised following a visit from the local fire authority in April 2012.

**Action Required:**

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Fire maintenance company will place magnetic door releases on doors which may be required to be open. All door wedges will be removed from the service.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

Records including records in the fire register indicated that up to six staff required fire training

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Training scheduled for all staff requiring fire training refresher on 23.10.2014

**Proposed Timescale:** 23/10/2014

**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:**

The staff signature sheet was not complete and two resident's prescription sheets did not have their photo attached.

The inspector found four (minimum) medication containers in use with illegible labels as to their content, resident details and dosage instructions.

**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:**

Staff signature sheet completed by all staff and photographs replaced on prescription sheets.

All medication labels replaced on date of inspection 23.09.2014. Pharmacist contacted by Person In Charge on 13.10.2014 and discussed best practise in relation to storage of medication with particular reference to fading labels.

Pharmacist advised that she would ensure that all labels would be covered with an adhesive clear wrapping when being dispensed to the service going forward. Person In Charge and Pharmacist agreed to regular communication in order to prevent fading from occurring in the future.

Team leader to check all medication labels are legible as to their content, resident details and dosage instructions as part of weekly audits.

**Proposed Timescale:** 18/10/2014**Outcome 17: Workforce****Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no proof of identity including a recent photograph in one staff file.

**Action Required:**

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

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

Photograph placed on staff file 13.10.2014

**Proposed Timescale:** 13/10/2014**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Training records indicated that there were deficits in staff attendance at training including staff employed on a part-time basis, particularly in two core mandatory areas, fire safety training and the management of challenging behaviours.

**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:**

All staff requiring fire training refresher scheduled to attend training on 23.10.2014.  
Non violent crisis intervention training refreshers scheduled for all staff concerned on 27.11.2014

**Proposed Timescale:** 27/11/2014