<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<td>OSV-0002652</td>
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<td>Centre county:</td>
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<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Laura Keane</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary Moore</td>
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<td>Support inspector(s):</td>
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<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: 16 September 2014 10:00
To: 16 September 2014 19:30

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 09: Notification of Incidents |
| 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 of centre ORG 0008779 residential services by the Authority; based on the outcomes inspected the inspection findings were positive. The inspector was satisfied that the design and location of the premises were fit for its stated purpose, there were good health and safety measures in place, the service was appropriately governed and monitored, records seen indicated that the supports and services provided to residents were person centred and sought to promote independence, dignity and positive outcomes for residents. At the time of inspection there were five residents living in the centre all of whom were accessing day and resource services. The inspection was facilitated by the person in charge and the team leader, the regional manager also met with the inspector in the centre. The inspector reviewed records and documentation including policies, health and safety records, support and personal plans and staff records and remained in the centre to meet with the residents on their return in the evening. Staff were familiar with their regulatory responsibilities and overall a good level of regulatory compliance was evident. Minor non-compliances were identified in health and safety, maintenance of the premises, medication management and formal consultation with residents and their families as part of the quality assurance process.
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 saw and discussed with staff the procedures in place for assessing 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, very personalised, involved the resident where at all possible and as appropriate their responsible family members. There was a clear system of review that again involved the resident and/or family members. There was a clear ethos of promoting independence, privacy and dignity and improved personal and social outcomes for residents; the inspector was satisfied that a reasonable balance was found between independence and safety. There was evidence of multi disciplinary input as necessary for each resident’s wellbeing and welfare including neurology, psychiatry and psychology. Each resident had a key-worker and a daily record was maintained of each resident’s daily activity and wellbeing. All of the five residents were facilitated and supported practically to attend day services or resource centres Monday to Friday and this was integrated into their support and personal plans. Meaningful occupation in line with their preferred interests continued in the centre including social outings, music evenings, local walks, religious observance and the maintenance of family and social contacts. However while satisfying regulatory requirements there were minor formatting issues that impacted on the quality of the process and this was discussed by way of recommendation with the person in charge and team leader. The inspector found that there was some lack of clarity in the record format in differentiating between supports and goals, in establishing named responsible persons and timescales and clearly measuring and recording that goals/aspirations had been achieved within the agreed timeframe. Also while it was evident that residents participated in the process they were not formally identified as having done so.
**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 two storey domestic dwelling located in a quiet residential area. 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. Bedrooms were not en suite but a sufficient number of conveniently located bathrooms were provided. There was a ground floor bathroom with toilet, wash-hand basin and assisted shower and two further bathrooms on the first floor, both equipped with toilets and wash-hand basins, one with a shower while the other provided a floor level bath; this choice was relevant and necessary to meeting the needs of the residents as outlined in their personal support plans.

Residents had a choice of two homely communal areas one of which was designated as a "quiet" space or for securing privacy for visits or making and receiving phone calls.

There was a spacious kitchen with combined dining space. Cooking facilities were sufficient and adequate kitchen equipment and tableware was provided. From the kitchen residents had direct access to a spacious, secure garden with recreational equipment.

Adequate equipment and staff support were in place to allow each service user to launder their own clothes if they so wished and this was clearly addressed in the support plans seen.

Staff confirmed that general waste was disposed of via the local waste collection service and that no clinical waste was generated.

However, some deficits were identified in the overall maintenance of equipment and facilities. The cover of the dispensing drawer of the washing machine was broken, there was exposed pipe work and wiring under the kitchen counter top, repairs were required to some bedroom furniture and general maintenance of the garden area was required.
Judgment:
Non Compliant - Minor

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. Records seen indicated that risk assessments were brought to the attention of and discussed with all staff. Individual residents support plans were supported by risk assessments pertinent to their safety and well being. With the exception of self-harm the risks as specified in regulation 26(1) (c) were included in the risk register.

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. The fire register was well maintained and from it the inspector saw the fire fighting equipment was serviced annually most recently in October 2013. 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 June 2014 respectively. Fire training was provided to staff on an annual basis, attendance was monitored and records seen indicated that all staff had received training in 2013 and 2014. Practical simulated evacuations of the centre including both staff and residents were undertaken and recorded approximately every six months. 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 final fastenings were all "thumb-turn" locks. However, some minor deficits were identified;
• the diagrammatic evacuation plan required updating and to be prominently displayed on both ground and first floors
• there were three differing fire action notices on display
• there were gaps in the completion and recording of in-house checks of fire safety procedures.
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 staff spoken with were clear on actions taken to prevent reoccurrence following such reviews, for example as discussed in medication management. 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 that co-ordinated and managed staff that drove the vehicle. The inspector saw that the vehicle was taxed and insured. However, 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:**
There was documentary evidence of and staff spoken with confirmed that measures to protect and safeguard residents were in place. There were robust staff recruitment and supervision practices as discussed in Outcome 17. The inspector saw a comprehensive policy on adult protection implemented January 2013, there was a dedicated protection liaison officer available within the wider organisation and staff received training on adult safeguarding, Children First, and responding to and managing challenging behaviours including de-escalation and intervention techniques. Training records indicated that staff attendance at training and refresher training was monitored and managed.

Staff knew what constituted abuse, were familiar with policy and procedures and there
was documentary evidence that policy and procedures were implemented and followed in response to any alleged abusive incidents. Staff spoken with confirmed that systems were in place (staff supervisory meetings) to monitor protective measures including any barriers that may exist to reporting abuse. The inspector saw that residents were comfortable with staff and that staff facilitated independence while applying reasonable protective measures such as supervision. The residents right to privacy and the supports required for personal care were clearly addressed in the support 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. Support plans seen demonstrated that staff adopted a therapeutic approach to the management of behaviours, sought to identify any antecedents to behaviours, devised and implemented therapeutic interventions and plans, or when necessary and in line with the service protocol pharmacological intervention for the residents safety and well being. Challenging behaviours and their management were recorded, monitored and reviewed.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
As discussed in Outcome 7 there were clear procedures in place for the recording of all incidents occurring in the designated centre. The inspector was satisfied that staff spoken with were clear and had a good understanding of incidents that required notification to the Chief Inspector and had exercised their responsibility in relation to their submission.

**Judgment:**
Compliant

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**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 saw that residents looked well and staff reported that in general residents enjoyed good physical health. Residents were facilitated to retain access to their preferred GP and there was documentary evidence of access to out-of-hours medical review and treatment. It was evident that staff spoken with were familiar with and attuned to any changes in resident’s needs and their environment, routines and healthcare visits were managed so as to reduce stressors and support residents to enjoy to the best possible health. Records seen supported that residents were facilitated to access other healthcare as required including the acute hospital services, neurology, psychiatry, psychology and dental services. Where practicable and reasonable residents and families were facilitated to take responsibility for their own health and medical needs. Staff monitored residents weights monthly and healthy eating was seen to be incorporated into support plans and daily routines. Given resident routines mealtimes were flexible and resident participation in meal preparation was encouraged; there was a menu that offered daily choice.

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. Staff spoken with confirmed that the provider facilitated medication management education and training for staff and records seen indicated that training was provided most recently in March 2014.

The inspector saw that each service user had a current medication prescription record that was clearly legible, signed and dated by the relevant general practitioner (GP).
There was evidence of medical authorisation for the administration of medications in an altered format (crushed). There was a staff signature sheet and staff maintained a record of the administration of medications. The prescription sheet and the administration sheet satisfied regulatory requirements. Staff spoken with confirmed that each service user was facilitated to retain the service of their preferred GP and pharmacist. The inspector saw that medications were securely stored and there were clear procedures for the disposal of unused or unwanted medications and itemised, verified records of their return to the pharmacist were seen. However, there was no specific medication fridge and two items were seen to be stored in a refrigerator with foodstuffs.

Individual medication management plans were in place and residents as appropriate were facilitated to take responsibility for their own medication. This practice was seen to be supported by a comprehensive assessment of capacity; the policy however was not explicit on the required reassessment timeframe; the assessment seen had been reviewed in June 2012.

The inspector was satisfied having reviewed records and spoken with staff that measures were in place to identify, report, monitor and investigate medication errors. Staff described measures taken to prevent reoccurrence including further training, staff competency assessments and the review of prescriptions. The person in charge had requested and secured a medication management audit to be completed on 25 September 2014.

| Judgment: | Non Compliant - Minor |

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### 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) 2013. 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, was in post since November 2011 and while also responsible for the management of another service 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 held suitable qualifications including a diploma in healthcare management, had established experience in nursing and management roles and throughout the inspection process demonstrated accountability and responsibility for the service and residents. The person in charge was suitably supported by a committed team leader who was present in the centre a minimum of four days per week. 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.

There were systems in place for monitoring the quality and safety of care and services. Centre specific audits were co-ordinated nationally by the organisation on areas such as financial management, health and safety and personal plans and a report of findings issued. The inspector reviewed one such audit and report and saw that deficits were transparently identified, outstanding actions were specified, time scales and responsible persons were identified. 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. As discussed in the relevant sections of the report there was evidence to support that appropriate action was taken as necessary in response to identified deficits.
However, the inspector noted and staff spoken with agreed that the existing quality assurance systems did not provide for consultation with residents and/or their representatives.

**Judgment:**
Non Compliant - Minor

**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 five residents all of whom were attending off-site day 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 described robust recruitment practices and this was supported by the staff files reviewed by the inspector. The files were well presented and contained all of the information and documents specified in Schedule 2. There was a formal structured programme for the supervision of all staff.

Staff training records indicated that the staff training programme reflected mandatory training requirements and the statement of purpose; staff attendance was recorded and monitored. 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.

It was evident that staff as appropriate to their roles and responsibilities had a good understanding of the regulations and standards and briefing sessions to this effect had been provided to staff in 2013 and 2014. Copies of the relevant documentation was also seen to be readily available to staff.
Judgment: Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

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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.

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 06: Safe and suitable premises**

**Theme:** Effective Services

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

Some deficits were identified in the overall maintenance of equipment and facilities. The cover of the dispensing drawer of the washing machine was broken, there was exposed pipework and wiring under the kitchen counter top, repairs were required to some bedroom furniture and general maintenance of the garden area was required.

**Action Required:**

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
Action: A date has been set for the 16th and 17th of October 2014 with our maintenance contractor and the following will be completed.
• Covering of pipework and electric wiring under kitchen units.
• Repair of washing machine powder drawer.
• Repair of any furniture including drawer fascia in service user bedroom.
• Garden maintenance, including cutting of lawn back and front, removal of thorn bush against garage and general garden tidy up.
• Replacement of faulty light switch in hall.

Proposed Timescale: Completion by the 24th October 2014.

Proposed Timescale: 24/10/2014

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:
With the exception of self-harm the risks as specified in regulation 26(1) (c) were included in the risk register.

Action Required:
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
• A local generic self harm risk assessment to be completed giving guidance and control measures to staff in regards to managing episodes of service user self harm.
• When service user self harm is identified the risk assessment ensures that an individual risk assessment is completed.

Proposed Timescale: 31/10/2014
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 persons who are properly licensed and trained.

**Please state the actions you have taken or are planning to take:**
Documentation now in place which includes:
- Full service record for vehicle
- Copy of contract with leasing vehicle management company.
- List of all drivers currently insured with the organisations insurers to drive the service vehicle.
- Vehicle insurance document.
- Completed vehicle staff inspection forms.
- Copy of the current vehicle tax disc.

All this documentation is kept in the vehicle checklist folder kept in Drombanna.

**Proposed Timescale:** 09/10/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The diagrammatic evacuation plan required updating and to be prominently displayed on both ground and first floors
There were three differing fire action notices on display
There were gaps in the completion and recording of in-house checks of fire safety procedures.

**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:**
- Diagrammatic plan to be updated and displayed on ground and first floor by manager.
- Fire action notices have been removed, with only most up to date notice remaining.
- Fire checklist for in house checks are on the agenda of staff meeting on the 14th October 2014 to advise all staff of forms to be completed by fire maintenance engineer’s when visiting the service. The manager also to discuss the requirement for checklists to be completed by all managers when covering annual or sick leave of another service manager, this will be discussed at the regional management team meeting on the 30th October 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:
There was no specific medication fridge and two items were seen to be stored in a refrigerator with foodstuffs.

The medication management policy was not explicit on the required reassessment timeframe for the assessment of service user capacity to self administer their medications.

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 local Drombanna medication policy will be updated to include review periods of no more than 1 year for the assessment of service user capacity to self administer their medications. Action by Team leader and manager.

• A locked box solely for the purpose of storing medication in fridges will be purchased to ensure organisational policy and legislation is complied with. Action by Team leader.

Proposed Timescale: 17/10/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The is failing to comply with a regulatory requirement in the following respect:
The existing quality assurance systems did not provide for consultation with residents and/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:
• Annual review dates to be arranged for each service user, invitations to families/relatives and multidisciplinary team. All meetings to have been held by 14th
November 2014.
- Ongoing annual reviews with full report from service will be held on an annual basis.
- When documentation such as 'Statement of Purpose and Function', 'Residents Guide' is next due for review the document in draft will be discussed with families/relatives to ensure there is consultation.

Proposed Timescale:
- Annual reviews to be completed by 14th November 2014.
- Consultation with families/relatives when documentation is up for review annually. These will be completed as per review dates set on current documents throughout the year.

**Proposed Timescale: 14/11/2014**