### 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 RehabCare</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002659</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>RehabCare</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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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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: 01 October 2014 10:30  To: 01 October 2014 19:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<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 09: Notification of Incidents</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 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
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Summary of findings from this inspection
This inspection was the first inspection of the centre by The Authority; the inspection findings were positive with significant evidence of good practice and regulatory compliance. Of the ten outcomes inspected the provider was judged to be compliant in eight. The inspector was satisfied that the centre was effectively governed, standardised organisational policies and procedures were adopted and implemented by staff, the standard of accommodation provided to residents was high. Staff were knowledgeable as to the holistic needs of residents and supported them to achieve the best possible outcomes. Overall and on balance the inspector was satisfied that residents healthcare needs were met but a moderate non-compliance was identified in Outcome 11. Staff were receptive and positive to the process of inspection and took action where possible to immediately rectify and address non-compliances.
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 that the arrangements to meet each residents assessed needs were set out in detailed, personalised support plans. The plan was based on a comprehensive assessment of each resident, their strengths, choices and preferences and the supports required by them so as to achieve the best possible outcomes. Prior to admission there was documentary evidence that an assessment of the residents needs was carried out by appropriate health professionals to ensure that arrangements were in place to meet the identified needs on and subsequent to admission. Records seen indicated that plans were devised in consultation with residents and their representatives to support their transition between services with explicit agreed actions, outcomes and completion dates. It was evident that plans were reviewed regularly, progress and relevance was monitored and the plan altered as required with multi-disciplinary input as appropriate. The reviews seen by the inspector outlined proposed changes and the rationale for the proposed changes. Staff had clear action plans from which the inspector saw agreed personal goals and objectives, the actions required to support the resident to achieve the goal, responsible persons, timescales and the achievement or otherwise of each goal; the inspector noted that staff sought to address lifelong goals such as employment and community involvement. Where meaningful and appropriate the plan was made available in an accessible pictorial format to the resident.

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:
Accommodation was provided in two separate but adjacent two storey houses each of which was built on a spacious site; on visual inspection each house had been designed and built to a high standard, was well maintained, visibly clean and in good decorative order.

There was a well fitted domestic type kitchen in each house. Cooking facilities were sufficient and adequate kitchen equipment and tableware was provided. Adequate dining facilities were provided, one separate, the other incorporated into the kitchen area.

Residents had a choice of communal areas that effectively allowed each resident to have their own communal area adapted and personalised to reflect their recreational choices and preferences.

Adequate sanitary facilities were available. There was one bedroom with full en suite facilities in each house with further adequate and conveniently located ground floor and first bathrooms provided. The inspector saw that residents had a choice of bath or shower in both houses and where necessary bathrooms were modified and equipped with handrails and grab-rails.

Each resident was provided with their own bedroom. In general the inspector saw that bedrooms were spacious, very personalised and provided adequate facilities for the storage of personal belongings. However, the inspector noted and staff had identified that the space provided by one ground floor bedroom was limited. A resident had recently relocated to this bedroom and in discussion with staff the inspector was satisfied that the location of the bedroom was required to meet the resident’s needs. The bedroom afforded the resident safety, privacy and dignity and direct access to en suite sanitary facilities, however the available floor space was limited and the layout of the room impacted further on this. Prior to the conclusion of the inspection the inspector saw that staff had taken practical action to address this and the new layout enhanced the available floor space. The resident did have space to store and access some but not all personal possessions and staff agreed to formalise the plan in place to facilitate the resident’s access to person possessions. The inspector was satisfied that the room was now sufficient to meet the resident’s current assessed needs but this will require
ongoing review.

Adequate equipment and staff support were in place to allow each service user to launder their own clothes. Staff confirmed that general waste was disposed of via the local waste collection service and this was evident on the day of inspection.

Each house was located on a large site with facilities for storage, a grassed area and an external area with seating directly accessed from the house. One such area was spacious, pleasantly presented, secure and well maintained; staff confirmed that residents from both houses utilised this area for social occasions including a recent barbecue.

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 saw that while staff promoted independence and quality of life for residents measures were in place to identify and manage risk and to ensure in so far as was reasonably 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 identification, assessment and management of risks, record keeping and incident reporting. 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. Organisational health and safety audits were completed and in addition records seen demonstrated that a local safety representative had received recent relevant training and undertook regular health and safety assessments of the centre. Policies and risk assessments were signed as having been read by staff, the signature sheet was kept updated and staff spoken with were conversant with procedure and the records seen supported its implementation. One deficit identified by this inspection was staff training in manual/people handling; training was seen to be cited as an existing risk control in many risk assessments but several staff required training or refresher training, this and the action taken is discussed in Outcome 17.

In addition individual residents’ support plans were seen to be 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 such as environmental modifications.

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.

The fire register was well maintained and from it the inspector saw that fire fighting equipment was serviced annually most recently in February 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 August 2014 and September 2014 respectively. Records seen indicated that four practical simulated evacuations of the centre including both staff and residents had been undertaken to date in 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 by staff. The actions to be taken in the event of fire and the fire evacuation plan were prominently displayed; in addition the fire action notice was also presented in a format that was accessible and meaningful to residents. Staff training records indicated that fire safety training including the use of fire fighting equipment was provided most recently in February 2014.

While there was substantial evidence of good fire safety precautions the inspector noted that one designated escape route was on manual key lock and the key, while readily available, was not adequately secured in a proprietary key box. One automatic door closure was broken.

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

Two vehicles were 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 and the inspector saw clear protocols on “driving for work”. There was documentary evidence available for inspection to support that the vehicle was insured, 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. The staff files reviewed by the inspector supported the application of robust staff recruitment practice and staff were supported by ongoing formal staff supervision. On a day to day basis the inspector was satisfied that staff were supported by the team leaders and the person in charge and the inspector saw that residents were comfortable and relaxed in the presence of staff. There was 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 including recently recruited staff received training on adult safeguarding, Children First and the management of behaviours that challenged; training records indicated that training had most recently been provided in January and April 2014. Staff confirmed that there had been no incident of alleged, suspected or reported abuse within the service; staff were attuned to each resident’s normal demeanour and the potential significance of any altered behavioural cues.

The resident’s right to autonomy, independence and 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. The inspector saw that a homely and restraint free environment was provided. There were clear protocols and procedures in place for pharmacological interventions and challenging behaviours and their management including the use of prescribed medication were recorded, monitored and reviewed.

Based on her observations, staff spoken with and records seen the inspector was satisfied that staff supported residents practically, emotionally and therapeutically in the management of behaviours that challenged so as to achieve the best possible outcomes for them. The inspector saw comprehensive personalised behaviour management plans where the behaviours, their interpretation and possible triggers were clearly described and a daily therapeutic support plan was in place. There was documentary evidence that
as necessary behaviour management plans were devised and reviewed in conjunction within the behaviour therapist.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
Prior to the inspection the inspector reviewed the notifications submitted to the Chief Inspector by the centre and on inspection the inspector reviewed the record of accidents and incidents. The inspector was satisfied that staff had discussed and reflected on regulatory notification requirements to ensure compliance. The inspector further clarified for staff the classification of injuries sustained by residents and the associated notification requirements.

**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 saw that residents looked well, staff were aware of each resident’s healthcare needs and these needs and the supports required to maintain well-being were clearly identified in the support plans or in specific management plans. There was documentary evidence that staff facilitated access to general practitioner (GP) review including out-of-hours service and ongoing access to their preferred choice of GP. In
general and on balance the inspector was satisfied that residents’ healthcare needs were met and there was documentary evidence of access to healthcare services as appropriate including the acute hospital services, psychiatry, psychology, neurology, occupational therapy, speech and language therapy, chiropody, dental care and alternative therapies such as reflexology. The inspector saw that residents were encouraged and supported to make healthy lifestyle choices including physical exercise, nutrition, socialisation and maintaining social and family contacts and relationships.

However, there was a potential deficiency in the management of one aspect of resident’s healthcare. There were deficiencies in documentation and recordkeeping and the inspector was not satisfied and staff agreed that a complete record of the resident’s medical condition, care and treatment and any other intervention provided was not in place and readily available to staff. The inspector was not satisfied that while staff had sought the intervention, all interventions requested by a healthcare professional for the residents wellbeing were not facilitated in a timely manner.

Judgment:
Non Compliant - Moderate

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:
The inspector saw evidence of good medication management practice. 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 or in receipt of medications in an altered format (crushed) and this was reflected in the individual medication management plans seen. The inspector saw that each resident had a medication prescription sheet signed and dated by their GP and staff maintained a record of the administration of medication that accurately reflected the prescription sheet. The administration and prescription records satisfied regulatory requirements. The staff signature sheet was current and complete. Training records seen indicated that staff including recently recruited staff had received generic and specific medication administration training. The maximum daily dosage of medications required on a PRN basis (medication that is not scheduled or required on a regular basis) was clearly stated.
Medications were seen to be securely stored including during transportation and there were procedures and signed verified records in place for the receipt of medications and the disposal of any unused or unwanted medications. Procedures were in place for the monitoring of medication stocks and the management of any discrepancies or errors.

**Judgment:**
Compliant

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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). 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

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**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 effectively managed. Based on the standard of accommodation provided, staffing resources and a recently undertaken recruitment process the inspector was satisfied that the centre was adequately resourced. There was a clear management structure in place and staff were clear on roles and reporting relationships both locally and within the wider organisation. The person in charge was employed fulltime, was suitably qualified and had established experience in the area of intellectual disability nursing and the management of staff and services. While also responsible for the management of two other services there is currently no evidence to suggest that the person in charge is not adequately engaged in the governance, operational management and administration of all centres. The person in charge was supported by a team leader in each house and in the absence of the person in charge or the team leader there was a designated shift leader identified. Formal records were seen of twice daily staff handovers with clearly identified responsible persons and allocated tasks and duties. The inspector was satisfied that all persons involved in the administration of the service were knowledgeable, demonstrated accountability for the service and the residents and a commitment to ongoing improvement. 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.

The quality and safety of care and services provided was audited at intervals by the wider organisation on areas such as financial management, staff familiarity with policies and procedures, record keeping, and health and safety; a report of findings issued and was available for inspection. The inspector reviewed one such audit completed in August 2014 and saw that the process was comprehensive and the findings were substantially positive; where deficits were identified there was documentary and physical evidence of the progression of the action plan by staff.

Initially there was a lack of clarity as to how the process of the review of care, support and services provided for consultation with residents and/or their representatives but the inspector saw that residents meetings had recently been introduced by staff in both houses and an evaluation form in a suitable format had been trialled. On further discussion with staff it was clear that staff understood the benefit of ascertaining input and feedback from residents as to their daily routines and choices; staff reported that to date the meetings while new had been positive and productive and staff were committed to their continuation and the exploration of formats that would enhance the participation of all 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 seven residents in two separate but adjacent houses; all of the residents were attending off-site resource services Monday to Friday. The staffing levels in each house were managed separately but 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 the proximity of the houses to each other provided reassurance and support to both groups of staff.

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 attested to the provider’s robust recruitment procedures and the sample reviewed was fully compliant with regulatory requirements as specified in Schedule 2.

The inspector saw documentary evidence of the appraisal of staff performance following employment and the regular structured supervision of all staff on a regular and 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 also observed that where education needs or requirements were identified through the supervision process that these had been progressed and completed. The inspector saw that completed education and training included safeguarding children and adult residents, fire safety, primary food hygiene, first aid, medication management, report writing, epilepsy awareness and the management of challenging behaviours. The training records indicated that there were some deficits in staff attendance at training particularly manual and people handling training. However, staff spoken with said and there was documentary evidence that an analysis of staff attendance at training had been completed by the team leader prior to the inspection; the deficits as seen by the inspector had been identified and the required training had been requested from the
training department. Both the person in charge and the team leader were confident that the requested training would be facilitated by the provider in a timely manner.

**Judgment:**
Compliant

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**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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<td>Date of response:</td>
<td>17 October 2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:
One designated escape route was on manual key lock and the key, while readily available, was not adequately secured in a proprietary key box.

One automatic door closure was broken.

Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Contracted company contacted on the 7th October, requested service of all automatic door closures. Key will be placed and adequately secured in the proprietary key box. All of the above will be completed by the 22nd October 2014.

**Proposed Timescale:** 22/10/2014

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### Outcome 11. Healthcare Needs

#### Theme: Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were deficiencies in documentation and recordkeeping and the inspector was not satisfied and staff agreed that a complete record of the resident’s medical condition, care and treatment and any other intervention provided was not in place and readily available to staff.

The inspector was not satisfied that while staff had sought the intervention, all interventions requested by a healthcare professional for the resident’s wellbeing were facilitated in a timely manner.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
Received most Recent Reports from Neurologist for service users filed and in their personal Files.
Date Completed: 3-10-14.

Received Reports from the Psychiatrist for the residents, filed and in their personal Files.
Date Completed: 7-10-14.

Detailed Health Records on file and separated under each professional for easy access.
Date completed: 3-10-14

Appointment made with the service users GP to follow up on recommendations from the Psychiatrist.

Discuss a plan with GP for ongoing and timely management of the Residents wellbeing.

Discuss what reports the GP has on file for the residents and ensure that it is the most
up to date information.
Date Completed 14-10-14 at 10.30am.

Epilepsy Management Plans for Residents discussed and clarified with Staff at staff meeting:
Date Completed: 15-10-14.

Review some Epilepsy Management plans with the Neurologist: Appointment scheduled with the Neurologist
Date Completed: 5-11-10.

All Seizure activity will be recorded on a graph format and presented at relevant professional appointments

Previous seizure activity records transferred to graph format

Ongoing recording will be completed in graph format.

Date Completed: Commenced on the 17-10-14 ongoing from 17-10-14

**Proposed Timescale:** 05/11/2014