

**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 Camphill Communities of Ireland
<b>Centre ID:</b>	OSV-0003607
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Provider Nominee:</b>	Adrienne Smith
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	Louisa Power;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	4

## **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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
27 August 2014 08:30	27 August 2014 18:00
28 August 2014 08:00	28 August 2014 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 monitoring and compliance inspection was unannounced and took place over two days. As part of the inspection inspectors met with residents, the person in charge, the provider, co-workers and other staff members. Inspectors met with the provider and discussed the management and clinical governance arrangements and issues arising from this inspection. Inspectors reviewed a number of centre-specific policies and procedures in relation to the centre. Inspectors met with a number of the co-workers/staff and examined policies and procedure documentation which covered issues such as medication management, safe guarding and safety, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person centred service to effectively meet the needs of residents.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- the complaints log was not adequate
- residents' personal plans required updating
- there were a number of issues in relation to premises
- there were health and safety issues including fire safety issues
- the risk management policy required updating
- the management of bed rails/lap belts was not adequate
- the management of listening monitoring devices was not adequate
- there were issues in relation to medication management
- the Statement of Purpose needed updating

**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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents to whom inspectors spoke stated that they felt safe and spoke positively about their care and consideration they received. Residents described the co-workers/staff as being readily available to them if they had any concerns. Residents informed inspectors that they had choice in all aspects of living in the centre for example one resident outlined how he had voted in the last elections, another resident described how he had travelled extensively around Ireland and another resident described his passion for crafts especially pottery. Residents indicated to inspectors that each premises in the centre was their home and they had significant control over what happened in the centre. For example when inspectors arrived unannounced to the first premises on the first morning of the inspection, they were greeted by a resident who requested the inspectors' photographic identity prior to inviting the inspectors into his home. Inspectors observed co-workers/staff interaction with residents and noted co-workers/staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance.

Residents' had access to independent advocacy services as required, and gave inspectors examples of such services having been provided by a number of different independent advocates. There were a number of options for residents to voice their views including during the everyday one to one or group activity/living, during the regular individual residents' house meetings, or in the more structured format of the individual circle meetings. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and choice of activities. Inspectors noted there was plenty

of activity in all premises with residents' busy getting ready for their day or doing household chores such as washing clothes or assisting with meal preparation. Many residents informed inspectors that they were involved in off-site activities such as working, arts and crafts, going shopping, or socialising. A number of residents to whom inspectors spoke to stated that they enjoyed living in the centre and that they were very happy with the care and consideration shown by co-workers/staff.

There was a policy on the management of complaints and some residents were aware of how to make a complaint. The complaints policy identified the nominated complaints officer, who was also the deputy person in charge; there was a deputy complaints officer and also an independent appeals process as required by legislation. The person in charge stated that all complaints were dealt with any complaints as soon as possible and felt that residents were happy with the service they received. Inspectors reviewed the complaints log and noted it recorded the nature of the complaint, the name of staff involved, if the issue was resolved or not, any action taken any strategies taken to prevent a re-occurrence. However, the management of complaints was not adequate for the following reasons:

- the complaints log did not record if the complainant was satisfied or not
- the complaint policy was not publicly displayed
- there was no second nominated person to respond and maintain complaint records as required under regulation.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. There was a policy on residents' personal property which was dated as commenced in March 2014 and was centre specific. Inspectors reviewed the local arrangements' to ensure residents' financial affairs were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated co-worker/staff member (key worker) where necessary to assist individual residents in their personal shopping.

Inspectors noted that nominated co-worker/staff were accountable to ensure adequate records and robust accounting procedures were used when handling residents' monies. The person in charge informed inspectors that she proactively monitored these arrangements to ensure their effectiveness in safeguarding residents' finances. Inspectors noted that all financial transactions when possible; were signed by residents. In addition all transactions were also checked and counter signed using signatures by co-worker/staff and written receipts retained for all purchases made on residents' behalf.

**Judgment:**

Non Compliant - Minor

**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:**

Inspectors noted that the Statement of Purpose stated that the aim of the centre was to "provide a home for adults with special needs, volunteers and their families. Members of the community share the responsibility for the tasks and cultural activities of day to day life...to offer comprehensive and safe supports to its residents, on an individual basis and to offer opportunities in life to each person to reach their full potential".

During the inspection, inspectors noted all residents had meaningful activities and that residents participated in their own individualize activities; often on a one to one basis with co-workers/staff. Inspectors were informed by residents and co-workers/staff that there were a number of options available for all residents in relation to activities and work. There were a number of workshops located on site and residents and co-workers/staff participated in pottery, candle making and market gardening in the centre and basket weaving was done off site. Inspectors also noted that residents worked on a nearby farm with horticulture and animals including pigs, hens, sheep and cows. Inspectors noted that residents actively participating in the horticulture/farming including looking after animals. Residents described how they used the in season vegetables including lettuce, broad beans and tomatoes for meals in each premises. Inspectors viewed the workshops and noted a number of residents participated in producing arts and crafts including some fine examples of art work and ceramics. For example one resident showed inspectors how he had constructed a fire place surround in his home using hand crafted glazed ceramic tiles. Residents to whom inspectors spoke detailed a number of off-site activities they enjoyed including swimming, walking, shopping and community evenings and concerts. Of particular note was the high level of one-on-one support provided by co-workers for residents while residents participated in their daily activities. This arrangement ensured that residents were facilitated in having a high level of personal choice in the variety and scope of activities in which to participate. While there was a general routine to life in the centre with some level of activity/job allocation in place; residents confirmed with inspectors that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom inspectors spoke stated that they enjoyed the variety of work and the options for outings that was available to them. During the two days of

inspection, inspectors noted that some residents working and socializing in different locations within the centre and others were seen returning from offsite activities and work locations.

The inspectors reviewed a selection of personal plans which were detailed, written from the perspective of the resident; centre specific and person centred. Inspectors noted that they detailed individual plans in relation to residents' identified needs. These included a daily living needs assessment, behavioural challenges, supports, medical issues and strategies agreed with residents' involvement in order to reach these stated goals. There was evidence of some interdisciplinary team involvement in residents' care including speech and language therapy, dental, neurologist, orthopaedic, ophthalmic, occupational therapy, General Practitioner (GP) and psychiatric services. There was also evidence of residents' involvement in developing and reviewing their personal plan. From a selection of personal plans reviewed, inspectors noted a number of assessments had been conducted including self care and skill assessments, individualised risk assessments and activity assessments. However, from this review of residents' personal plans; inspectors formed the view that they were not adequate for the following reasons:

- personal plans were not in an accessible format to the residents
- in the annual review of a number residents' personal plans changes in circumstances and new developments were not recorded
- the proposed changes and the rationale for such changes were not detailed in the annual review of a number resident personal plans
- the timelines or names of those responsible for pursuing objectives in the personal plan were not recorded

**Judgment:**

Non Compliant - Moderate

**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 centre consisted of 3 separate premises and 4 apartments located in a rural town in country Kilkenny. The person in charge outlined that a number of the premises required remedial building works in order to ensure compliance with fire and building regulations. The person in charge provided inspectors with a copy of a fire safety audit conducted by architects on behalf of the centre. This audit detailed the works required to ensure compliance with fire and building regulations including fire detection and alarm systems

and emergency lighting and exit signs. There were buildings located in amongst these premises including workshops, ancillary buildings, polytunnels and garden sheds. Most premises were accessible, bright, well ventilated, and had central heating.

Generally premises were homely and met most of the needs of residents by making good use of soft colours, suitable furniture, comfortable seating and residents' art work. In each premises there was an emphasis on social interaction with an extensive selection of novels, musical instruments and board games readily available. In most premises there were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Each resident had their own bedroom and residents that showed inspectors their rooms stated that they were happy with the living arrangements. Inspectors noted that all residents had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. Equipment for use by residents or people who worked in the centre including a specialised bed, a mobile hoist and a specialised wheelchair and all were in good working order. For most premises there were suitable accessible grounds/outside areas and a variety of suitable pathways for residents use. Inspectors noted that generally the design and layout of most premises were compatible with the aims of the Statement of Purpose. In most premises there were adequate showers and toilets with assistive structures in place; to meet the needs and abilities of the residents. However, there were a number of issues in relation to premises including the following:

- in one premises the wooden floor surface was worn and required re-varnishing
- there was mould on one shower room ceiling, paint was peeling and the shower tile grout contained dark stains
- there were cobwebs and dust on a number of surfaces including the shower vent in one premises
- there internal courtyard surface in one premises was an unfinished with uncovered water drain pipes and a missing entrance step into this premises
- this courtyard also contained a number of alcoves that were untidy and unkempt with rubble, a variety of rubbish and discarded items including an abandoned sofa therefore increasing the potential of rodent infestation.

In addition there was one premises that dated to the 1800's that had a number of significant issues and was not suitably designed or laid out to meet the needs of residents including the following:

- the bedroom and bathroom doorways were too narrow for one resident that used a wheelchair to mobilise
- there was no assisted bath available for this resident who had significant mobility issues
- the access ramp at the entrance to this premises was not suitable as it was made from marine plywood that had become damp, soft and structurally compromised
- this premises needed significant renovation/upgrading in many aspects for example a number of rooms had wall plaster that was cracked, showing discolouration and plaster bubbling
- a number of the rooms had worn floor surfaces and had chipped/worn/peeling paint

work in need of redecorating

- there were a considerable amount of old adjoining buildings that had been derelict for many years with broken windows, some contained rubble and rubbish, were untidy and unkempt and therefore increasing the potential of rodent infestation

During the first day of inspection the provider readily acknowledged these failings and informed inspectors that she had commenced the transition process for each of these 3 residents in April 2014. The provider assured inspectors that the residents were being actively supported by a multidisciplinary team in the early phase of this transitioning process. The person in charge gave inspectors a written, explicit, costed plan with clear timescales for the suitable transfer of each individual resident from these premises to alternative premises within the centre. Inspectors noted that this transitioning plan contained evidence of ongoing communication and consultation with residents and their representatives including the use of augmented communication strategies were required. In addition, there were clearly identified care supports and explicit dates for completion of each phase of transition. The provider confirmed that following the transfer of residents this premises would not form part of this centre and would primarily be used for administrative purposes.]

**Judgment:**

Non Compliant - Major

**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:**

Inspectors noted that there were fire evacuation notices for residents and visitors posted in public areas in each premises. All co-workers/staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire and a number of staff confirmed that they had received fire training. Co-workers/staff outlined to inspectors that individual co-workers/staff were allocated to conduct fire checks monitoring duties including inspection of escape routes each day. There were maintenance records for fire equipment including the fire alarm system which recorded the most recent inspection in March 2014. In relation to fire evacuation drills inspectors noted that they had been conducted each month and at different times both announced and unannounced. There was a 'buddy system' in relation to ensuring all residents and co-workers/staff had a buddy that ensured all residents were evacuated in the event of a fire. In addition, there were personal evacuation plans in place for particularly vulnerable residents including residents with mobility or eight sight issues. However, in one premises there were a number of issues in relation to fire safety including:

- there were no fire doors, no fire alarm system, no emergency lighting
- there were some domestic type smoke detectors
- the fire evacuation plan for residents with mobility or sensory issues were not adequate
- there was no suitable arrangements in place for co-worker/staff to safely smoke in the centre for example there were no designated smoking areas, no suitable ash trays or written smoking policy for co-worker/staff

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included issues such as screening for self neglect, self harm and assaultive behaviour and daily living support plans such as behaviours that challenge. Inspectors noted that there was a national risk management framework dated as reviewed in February 2014. This framework detailed the risk management process and use of a risk matrix methodology for assessing risk in the centre. This framework identified the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Inspectors noted that in two premises there were banisters railings in upstairs landings and these railings had not been risk assessed in the context of presenting a falls risk to residents. There was a written risk registrar which detailed hazard identification in the centre including identified slips, trips, falls and manual handling risks with measures aimed to reduce such hazards. However, the following specific risks as required by Regulation had not been recorded in the risk management policy:

- accidental injury to visitors
- aggression and violence
- unexpected absence of any resident
- self-harm.

Laundry facilities were provided within each premises and were adequate to meet residents' current needs. Some residents laundered their own clothes and residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them when laundered. Co-workers/staff to whom inspectors spoke outlined how cleaning was provided by co-workers/staff and residents also had tasks such as tidying and some cleaning duties in their own premises. The person in charge agreed to review the management of towels in some communal bathrooms. However, inspectors noted one premises was not adequately clean as there were cobwebs and dust on a number of surfaces including an extractor fan in a shower room.

**Judgment:**

Non Compliant - Major

**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 person in charge was involved in the management of the day to day support provision for residents in the centre. The person in charge informed inspectors that she monitored safe-guarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. Inspectors noted that a number of residents and co-workers/staff had been living/working together with the same co-workers/staff for a number of years and were well known to each other and any issues could easily be brought up. In addition, the person in charge informed inspectors that there was a high ratio of co-workers to residents and considerable rotation of residents to different chores, activities and work placements; therefore residents also had the opportunity to meet and work with a variety of co-workers to whom they could raise a concern.

During the inspection the inspectors observed the person in charge and co-workers/staff interacting and speaking to residents in a friendly, respectful and sensitive way. Inspectors noted that a number of residents were forthright in coming forward to inform inspectors how they felt safe and spoke positively about the support and consideration they received from co-workers/staff. Inspectors noted a positive, respectful and homely atmosphere that mainly emanated from the easy dialog between residents in their interactions with co-workers/staff. Inspectors viewed the adult and child protection framework the national policy for the prevention, detection and response to allegations of adult abuse that was dated January 2014. There were also policies in relation to providing intimate care, supporting individuals with complex needs, individuals finance management and policy on supporting individuals with communication. From a review of a sample of co-workers /staff files inspectors noted that adult abuse training had been provided. Co-workers/staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse.

From a selection of personal plans viewed inspectors noted that behavioural interventions records gave directions to co-workers/staff on how to prevent or appropriately respond to behaviour that challenges. Co-workers/staff to whom inspectors spoke confirmed that they had received suitable training and had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Inspectors noted that

one resident had bedrails in place and that there was a lap belt used on his wheelchair to ensure his safety. However the management of the bed rail/lap belt was not adequate for the following reasons:

- there was no centre-specific bed rail/lap belt policy or procedure
- risk assessments in relation to the use of bed rail/lap belt were not recorded
- there was no decision making tool available in relation to using bed rail/lap belt
- the personal plans did not detailed the use of bed rail/lap belt
- the rational for using these bed rail/lap belt was not recorded
- alternative measures to using bed rail/belt had not been recorded
- consent in relation to the use of bed rail/belt had not been obtained
- the monitoring of a resident while bed rail/belt was in use was not recorded.

Inspectors noted that a listening monitor was used in relation to a number of residents who suffered epilepsy. The person in charge informed inspectors that these monitors were used to detect and notify co-workers/staff if residents were experiencing a tonic-clonic seizure and assisted co-workers/staff in responding and providing assistance to residents in the event of a seizure. However, there were a number of issues in relation to the use of listening monitoring devices including:

- there was no policy/procedure available in relation to the use of listening monitoring devices for example when it was to be in use/turned off and who would be listening to it when it was in use
- there were no records of the how/when/where these listening monitoring devices would be used having been discussed with the resident or their representatives as appropriate
- in residents' personal plans there were no records of signed consent from the resident (where possible) or no evidence of discussions with residents representatives in relation to using listening monitoring devices where appropriate
- there was no recording/audit of the use of these listening monitoring devices

**Judgment:**

Non Compliant - Minor

**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:**

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Co-workers/staff to whom inspectors spoke stated that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu accordingly. In

most premises inspectors noted that residents were involved in the day to day running of their homes' including the cooking and baking for each meal. It was clear that for most residents and co-workers/staff mealtimes formed an important part of the social milieu within the centre. Inspectors joined residents and co-workers/staff for lunch and noted the supportive and spontaneous communication that occurred during this meal. Inspectors noted that there was a warm, positive and relaxed atmosphere at mealtimes that was welcoming, inclusive and homely. Inspectors noted that mealtimes were an excellent opportunity for residents and co-workers/staff to share information about what was going on in each other's lives, share current events, and discuss matters of importance.

Residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. Inspectors noted that there were adequate quantities of food and drink; that was properly and safely prepared, cooked and served. Inspectors were informed that the majority of foods were organically grown and co-workers/staff to whom inspectors spoke stated that the majority of the food used was sourced locally whenever possible. Inspectors observed that many of the foods used including vegetables and fruits sourced from the centres' large garden. During the lunch inspectors noted that the choice of food was consistent with each resident's individual dietary needs and preferences. Inspectors noted that a number of residents were supported in preparing and cooking their own their own food and that there was adequate provision for residents to store food in hygienic conditions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. Inspectors noted that some residents required assistance with eating and co-workers/staff provided such assistance in an appropriate manner.

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that resident's health and welfare needs were kept under review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. The person in charge informed inspectors that the level of support which individual residents required varied and was documented as part of the residents' personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of assessments being used including physical wellbeing assessments, epilepsy, people related hazard assessments, eating and drinking assessment. In addition, inspectors noted that records were available in relation to residents' preferences for support at times of illness or at the end of their lives to meet their physical, emotional, social or spiritual needs.

**Judgment:**  
Compliant

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**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:**

Residents and staff with whom inspectors spoke with confirmed that medications and pharmaceutical care were provided by a local pharmacy. There was evidence that residents were supported to attend the pharmacy. A centre specific policy was made available to inspectors which detailed the procedures for safe medication management, dated April 2014.

Residents were encouraged to self-administer their own medication following a comprehensive risk assessment and assessment of capacity. However, a number of risk assessments in relation to self-administration of medication were not dated therefore it was not clear when they had been completed and whether they were subject to regular review in line with residents' changing needs, wishes or preferences.

Staff had attended training in the area of medication management and safe administration of buccal midazolam. Residents' medication was stored and secured in a locked cupboard in each house. The procedure for key holding was robust. Medication errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. A designated staff member was responsible for medication management and she informed inspectors that all medication errors were reported to her in writing. All medication errors are discussed at the weekly management meetings and actions to prevent recurrence were seen to be implemented. Controlled drugs were not being stored or administered at the time of the inspection. However, inspectors observed that staff did not always check the prescription sheet when administering medications and a number of medicinal products were not individually listed on the medication administration record. Inspectors noted that a number of eye drops did not have the date of opening recorded therefore it could not be established if the eye drops had expired.

**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:**

A written Statement of Purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the Statement of Purpose under review and provided inspectors with a copy of the most up to date version. Inspectors were informed by the person in charge that a copy of the Statement of Purpose had been provided in each premises. However, the Statement of Purpose was not adequate as it was not available in an easy read format and did not contain all the details as required under Schedule 1 of the Regulations including the following:

the specific care and support needs that the designated centre is intended to meet the organisational structure of the designated centre

**Judgment:**

Non Compliant - Minor

**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:**

There was a full-time acting person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. The provider regularly attended a number of meetings including the local management group meeting and she informed inspectors that she regularly attended the centre.

Inspectors met with the person in charge and were satisfied that she provided effective governance, operational management and administration of this centre. Inspectors noted that there was evidence of a defined management structure that identified the lines of authority and accountability, specifies roles, and details of responsibilities for all areas of service provision. The person in charge stated that she was well supported by the provider and described her as being very accessible.

The person in charge confirmed that the provider visited the centre regularly and met with both the person in charge and co-workers/staff. Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. Co-workers/staff to whom inspectors spoke were clear about who to report to within the organisational line management structures. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

**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:**

There was a centre specific policy on recruitment and selection of staff, volunteers and co-workers and the person in charge was familiar with the recruitment process. Co-workers/staff detailed the employee induction training programme that included good practice guidelines, personal care, advocacy, communication and health and safety training. The person in charge stated that a large proportion of the co-workers/staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. A number of co-workers/staff to whom inspectors spoke with confirmed that they had worked in the centre for a number of years and outlined how they were supported in their role on a daily basis. Inspectors reviewed the co-workers/staff roster and noted that it was an accurate reflection of the staffing arrangements. Co-workers/staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors

reviewed minutes of community management meetings that held regularly and noted that the issues discussed included accidents and incidents, maintenance, volunteers and staffing issues. The person in charge demonstrated willingness to the delivery of person-centred care and to work towards meeting regulatory requirements. Inspectors noted that ongoing co-workers/staff training was provided which included the following:

- fire safety training
- adult abuse training
- first aid
- management of challenging behaviours
- medication management

Inspectors reviewed a selection of co-workers/staff files and noted that all the documents under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available.

**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:***

Vincent Kearns  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	OSV-0003607
<b>Date of Inspection:</b>	27 August 2014
<b>Date of response:</b>	03 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, Health Act 2007 (Registration of 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

To display a copy of the complaints procedure in a prominent position in the designated centre.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints

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

procedure in a prominent position in the designated centre.

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

Complaints Flyer, which includes the complaints procedure is displayed in the general areas of each residential dwelling as per the 19th of September 2014.

**Proposed Timescale:** 19/09/2014

**Theme:** Individualised Supports and Care

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

To nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

There is a second nominated complaints officer, as stated & named in our Complaints, Feedback and Comments Policy & Procedure, signed by Person in Charge on the 4th of July 2014. Second officer will check the complaints log every two months, to ensure all complaints are appropriately responded to, or act as first nominated complaints officer if they are the subject of a complaint. The complaints log will include a document noting the following: who is dealing with the complaint, when it is being investigated, what the outcome was, what the measure are that put in place and when the complainant was informed of the outcome and if it was resolved. The first nominated complaints officer ensures compliance under Regulation 24(2) and 3(b). This will be written up in a local procedure.

**Proposed Timescale:** 30/10/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

All residents and their representatives as appropriate, will have their personal plan in an accessible format by the 19th of December 2014.

**Proposed Timescale:** 19/12/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Creation of template for residents' circle meetings to include changes and updates. To be linked quarterly with Personal Plan to review effectiveness of plan and to ensure changes and developments are incorporated. Implemented as per 15/10/2014, used in all circle meetings by 19/12/2014.

**Proposed Timescale:** 19/12/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Review of template for annual reviews to include changes and goals, the rationale for these and who will be responsible to implement the objectives and in what timescale. Template ready 15/10/ 2014, used in all residents' personal plans by 19/12/2014.

**Proposed Timescale:** 19/12/2014

**Outcome 06: Safe and suitable premises****Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Action Required:**

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

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

Revisal of the Transition Plan for one of the premises, as previously submitted. One resident moved 17/09/2014 to suitable premises; suitable bathroom ready by 16/11/2014. One resident moved downstairs on 20/09/2014, to move in separate apartment before the 23/11/2014. One resident to stay in premises as it meets their needs, while renovating a dwelling for specific for them, ready May 2015.

**Proposed Timescale:** 31/05/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

In one premises a wooden floor and staircase to be re-varnished in one premises completed: 31/01/2015. Shower painted and re-grouted where needed, completed by 15/10/2014. Installation of entrance step, completed 30/10/2014. Tidy sheds adjoining courtyard.

Assess ramp has been structurally repaired and surface is renewed, completed 04/09/2014., Tidy sheds and finish courtyard & cover water pipes, completed; 30/11/2014.

**Proposed Timescale:** 31/01/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

To provide premises which are clean and suitably decorated.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Mould in shower and in grout has been removed. Rota of high cleaning of cobwebs and of vents in showers is installed.

**Proposed Timescale:** 15/10/2014

**Theme:** Effective Services

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

To equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

**Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

Ceiling Hoist is installed and a suitable bathroom has been renovated.

**Proposed Timescale:** 17/11/2014

**Theme:** Effective Services

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

To ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Management conducts a bi annual audit to review the accessibility of all its premises with reference to the statement of purpose and plan and execute any required alterations. Also see Transition plan previously submitted.

**Proposed Timescale:** 01/12/2014

**Theme:** Effective Services

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

To ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Management conducts bi annual audits on complying with Schedule 6 of the Regulations, and ensures actions are put in place as needed.

**Proposed Timescale:** 01/12/2014

### **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:**

To ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Action Required:**

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Localise the risk management framework to include measures and actions in place to control an unexplained absence of a resident.

**Proposed Timescale:** 30/10/2014

**Theme:** Effective Services

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

To ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management

policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

To localise the risk management policy to include measures and actions in place to control accidental injury to residents, visitors or staff. Risk assessments for all banisters and railings have been completed.

**Proposed Timescale:** 30/10/2014

**Theme:** Effective Services

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

To ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Action Required:**

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

To localise the risk management framework to include measures and actions in place to control aggression and violence.

**Proposed Timescale:** 30/10/2014

**Theme:** Effective Services

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

To ensure that the risk management policy includes the measures and actions in place to control self-harm.

**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:**

To localise risk management framework to include measures and actions in place to control self harm.

**Proposed Timescale:** 30/10/2014

**Theme:** Effective Services

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

To ensure that residents who may be at risk of a healthcare associated infection are

protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Adopt and implement Infection control policy and to induction all co-workers and employees.

**Proposed Timescale:** 30/10/2014

**Theme:** Effective Services

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

To put in place effective fire safety management systems.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Install required upgrades to comply with fire safety regulations in all of our premises. Premises one; completed 01/02/2015, Premises two; completed 01/03/2015, Premises three: completed 01/07/2014, Premises four; completed 01/12/2015. Premises five: Install basic electric fire alarm system, including detectors, alarm and emergency lighting, completed 30/10/2014. Adopt and comply with smoking policy; 30/10/2014.

**Proposed Timescale:** 01/12/2015

**Theme:** Effective Services

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

To provide adequate means of escape, including emergency lighting.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Install required upgrades to comply with fire safety regulations in all of our premises. Premises one; completed 01/02/2015, Premises two; completed 01/03/2015, Premises three: completed 01/07/2014, Premises four; completed 01/12/2015. Premises five: Install basic electric fire alarm system, including detectors, alarm and emergency

lighting, completed 30/10/2014.

**Proposed Timescale:** 01/12/2015

**Theme:** Effective Services

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

To make adequate arrangements for detecting, containing and extinguishing fires.

**Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Install required upgrades to comply with fire safety regulations in all of our premises. Premises one; completed 01/02/2015, Premises two; completed 01/03/2015, Premises three: completed 01/07/2014, Premises four; completed 01/12/2015. Premises five: Install basic electric fire alarm system, including detectors, alarm and emergency lighting, completed 30/10/2014.

**Proposed Timescale:** 01/12/2015

**Theme:** Effective Services

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

To make adequate arrangements for giving warning of fires.

**Action Required:**

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

Install required upgrades to comply with fire safety regulations in all of our premises. Premises one; completed 01/02/2015, Premises two; completed 01/03/2015, Premises three: completed 01/07/2014, Premises four; completed 01/12/2015. Premises five: Install basic electric fire alarm system, including detectors, alarm and emergency lighting, completed 30/10/2014.

**Proposed Timescale:** 01/12/2015

**Theme:** Effective Services

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

To make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Action Required:**

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

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

Purchase of a ski mat to ensure safe evacuation of one resident. Purchase an EVAC chair to ensure safe evacuation of one resident and ensure all relevant staff is trained to use it. All personal evacuation plans of residents that might need assistance during an evacuation will be updated accordingly.

**Proposed Timescale:** 15/11/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

To ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

All residents or their representatives have given written consent on therapies, which is annually reviewed.

**Proposed Timescale:** 20/10/2014

**Theme:** Safe Services

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

To ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Localise policy and procedures for restrictive procedures, to include assessment to

establish if least restrictive, any available alternatives, duration of use, how is it monitored, consent from resident or representative, when it is reviewed and by whom, risk assessments and rational. To review all current restrictive practices (including lap belts, splints, bedrails) in accordance with policy and procedure and document in residents' Personal Plan.

Write policy and procedure on listening monitors, to include available alternatives, duration of use, who can listen, when and where it is used, consent from resident or representative, when is it reviewed, risk assessments and rational. To document in residents' Personal Plan as relevant.

**Proposed Timescale:** 15/11/2014

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Management to conduct bi annual audit of all restrictive procedures and practices to review policy, procedures and practices and to ensure the least restrictive option for the shortest duration necessary, are used for residents.

**Proposed Timescale:** 15/11/2014

**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:**

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.

**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:**

Ensure complete compliance to our Medication Management Policy, especially the checking of medication at collection from pharmacy and at administration. Ensure all medical products are on the residents MAR sheets.

**Proposed Timescale:** 16/10/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Action Required:**

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

Ensure complete compliance to our Medication Management Policy, especially the checking of medication at collection from pharmacy and at administration. Localised eye drops procedure to included specifying the opening and expiry date on each item.

**Proposed Timescale:** 15/10/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Following a risk assessment and assessment of capacity, to encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Ensure that all self medication risk assessments are signed and dated by the resident, their GP and a senior member of staff.

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

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

To prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

To include in the Statement of Purpose the specific care and support needs Camphill Callan intends to meet and to include the organisational structure.

**Proposed Timescale:** 30/10/2014

**Theme:** Leadership, Governance and Management

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

To make a copy of the statement of purpose available to residents and their representatives.

**Action Required:**

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

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

Make an easy read version of the Statement of Purpose and distribute to all residents and representatives.

Make the full version available to all residents and representatives.

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

