<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002454</td>
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<td>Centre county:</td>
<td>Monaghan</td>
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<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Kevin Carragher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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<tr>
<td>Support inspector(s):</td>
<td>N/A</td>
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<tr>
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<td>Number of vacancies on</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, 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 27 June 2014 11:00  To: 27 June 2014 17:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</table>

Summary of findings from this inspection
The designated centre consists of one community house which is run by the Health Service Executive. There were a total of eight male and female residents living in the designated centre.

The designated centre provides services for individuals over the age of 18 years and all residents have a diagnosis of an intellectual disability. The inspector met with the person in charge at the commencement of the inspection and the person in charge facilitated the inspection throughout the day. The Person in Charge and Head of Nursing on behalf of the provider nominee was present at the feedback meeting at the end of this inspection.

On the day of inspection, the inspector met with residents and staff, reviewed documentation and observed practice. Staff confirmed that residents were informed of the inspection and consented for the inspection to view their documentation and to see around their home. The inspector visited and viewed residents' accommodation including bedrooms and communal areas. In addition the inspector reviewed residents' personal plan and care documentation. Inspectors met with residents briefly on their return to the centre following their day programme and observed that residents were content and that staff engaged with them in a respectful and dignified way.
On the day of inspection inspectors found that medication management practices posed a major risk to residents' welfare in the absence of an approved policy document to inform best practice. The areas of non-compliance were communicated to the management team including the Head of Nursing on behalf of the provider and person in charge at the feedback meeting at the end of the inspection.

Fire safety management was not of an adequate standard to assure the safe evacuation of residents in the event of a fire in the centre, particularly in the areas of ensuring safe evacuation of residents. A fire evacuation drill had not been completed to evaluate the effectiveness of the arrangements in place and staffing levels at night. The fire policy and health and safety policy required review to ensure it informed practice.

Not all assessed healthcare needs described adequate interventions and as such posed a risk to residents.

The action plan at the end of the report identifies actions which the provider and person in charge will need to take to come into compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
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 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:
Individual resident assessments and personal support plans were found to be holistic. The Inspector reviewed a sample of residents' personal support plans and found that each resident had a personal plan in place which was completed in consultation with them and/or their significant others. Personal centred support plans reviewed referenced clear and realistic short-term and aspirational goals. Goals were narrowed down to promote achievement. Daily progress notes detailed each resident's day including reference to their goals. Monthly evaluations ensured progress was regularly monitored and augmented as appropriate in response to changing needs. This information was used to inform annual reviews of personal support plans.

There was evidence of progress by some residents with achieving their goals and in making decisions about new achievements to work towards. For example, one resident held and used a travel pass to go to another part of the country.

Assessment of need was based on a framework of risk identification. Concomitant management plans were developed to support residents in areas that posed risk of unmet need for them. There was evidence in personal plans referenced assessment of and identification of all needs including healthcare needs and where a need was identified; there was a management plan in place in the sample of residents' files reviewed. This documentation demonstrated that residents were assessed and supported to engage in meaningful and fulfilling activities of living appropriate to their interests, preferences and capabilities. One of the residents' files reviewed evidenced recent admission from another service to this designated centre. The documentation demonstrated the finding that this resident was supported and monitored with this transition. A day placement was been sought and the inspector saw where this resident
was trialling a specific therapeutic programme at the time of inspection. In addition to getting feedback from this resident, the designated centre were communicating with programme co-ordinators to gain information for assessment as to whether this resident was coping and participating in same to assess suitability of the programme to meet the resident's needs in this area.

Apart from day programmes residents enjoyed day trips supported by staff, attending local social events, cinema, eating out, home visits and swimming among numerous other events.

Inspectors observed that family contact and spending time with family in their homes was of great importance to most residents. Many residents went home to the care of their family at weekends or visited for periods during the day. The inspector saw where residents who expressed a wish to see their parents were facilitated and accompanied by staff who used the centre's vehicle to transport them. There was evidence of service support to establish and maintain this contact and inspectors saw the process where family illness prevented one resident going home as usual being supported to maintain contact by telephone.

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 inspectors found that the health and safety of residents, staff and visitors was generally promoted and protected in the designated centre. Health and safety was informed in the designated centre by an organisational policy which was dated 2009. Inspectors were told that this policy is currently under review.

A safety statement which was reviewed annually and risk register was in place which detailed potential hazards to residents' safety with controls in place to mitigate risks and was not reviewed on this inspection. The inspector did not identify any hazards of concern from walking around the interior and exterior of the centre.

The inspector was told that the community house was not zoned for the purposes of fire management and that should a fire occur, full evacuation of the centre would be required. A policy document on fire safety prevention and management was available however required review as it did not include documented details of an arrangement
with staff in a neighbouring community house, within close proximity and run by another service to provide assistance with evacuation procedures in the event of a fire in the centre during the night. In addition there was no conclusive evidence that staff in the neighbouring community house had participated in a night time fire drill in the designated centre to ensure all persons were informed of the evacuation procedure, familiar with residents' personal emergency evacuation plans and so that this arrangement could be evaluated. The inspector was informed by the person in charge that there was a reciprocal arrangement in place where night staff in the designated centre would assist with evacuation procedures in the neighbouring house. However review of the night duty rota for the designated centre confirmed that there was one member of staff on duty in the centre with on-call senior support. This arrangement requires review to ensure safety of residents is assured at all times.

A hanging chain screen was fitted to the exterior of a designated final fire exit door-frame. This fitting requires review to ensure it does not discourage or hinder emergency evacuation. Information on one resident's documentation referenced that he was 'slow to leave'.

The inspector observed that the centre was visibly clean and well maintained. None of the residents had evidence of communicable infection. Waste bins provided for hazardous healthcare, non-healthcare and domestic were in compliance with the services corporate policy advising on waste management and infection control and prevention procedures.

**Judgment:**
Non Compliant - Moderate

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**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 designated centre has a policy in place informing the prevention, detection and response to abuse dated January 2014. The inspector was told that there were no allegations or incidents of abuse involving residents in the centre. While safeguarding officers are recorded in the policy document, the inspector noted that additional
supports that may be required by residents in the event of an allegation or suspicion of abuse such as social work and advocacy services were not documented. The inspector observed that there was one named advocate that all residents within the Cavan/Monaghan region could access. While, advocacy services were available to residents on a request basis, the value of this service could be improved if residents were afforded the opportunity to build a relationship with an advocate as the inspector was told that the service had a key worker system in place to promote a caring, trusting relationship between residents and staff.

The inspector was informed by the person in charge that some residents in the designated centre had a history of presenting with intermittent behaviours that challenge including aggression. The person in charge informed the inspector that there were no ‘as required’ (PRN) medications in use in the centre. Strategies used including divertional and protective/buffering techniques. A copy of behavioural management guidelines dated 12 June 2014 was viewed by the inspector which was available to inform practice in the service. Positive behavioural support plans were in place for residents who presented with challenging behaviour. Equipment recommended for use in the event of an incident was identified in assessment documentation.

**Judgment:**
Non Compliant - Minor

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**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
There was a process in place for assessment and identification of residents' healthcare needs. A risk based assessment framework was in use to identify residents needs which required support and intervention by staff to mitigate risk of potentially negative outcomes for residents from non addressed needs.

The inspector found that in general residents' healthcare needs were documented, however, while residents’ health needs were identified as areas requiring interventions by staff, healthcare issues were not individually identified as individual risks and many key interventions required to prevent deterioration in some residents' health were missing. For example, a resident with complex health with associated weight loss had all health issues documented as a single issue, the management plan which referenced interventions to be undertaken by staff did not address the extent of care and support required for each of this residents individual health issues.
Nutritional support was required for some residents including specific diets and modification of the consistency of their food was identified and there was no referral to relevant allied health professionals to meet that need for either recommendations for dietary intake or modification of food consistency. Some residents were in receipt of specialist diets and while staff in both community houses had attended food hygiene training, there was an absence of evidence to support their meal preparation decisions were informed by the advice of a dietician. Residents with swallowing issues and in receipt of modified consistency foods were not reviewed by a speech and language therapist.

There was evidence that residents were referred appropriately and were reviewed by other allied health professionals including physiotherapy, occupational therapy, chiropody, dentistry, psychology, the optician and medical care including GP services

**Judgment:**
Non Compliant - Moderate

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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:**
An approved operational policy or procedure to inform practice was not available on the day of inspection. The medication management policy was in draft format and had not been implemented in practice. Inspectors were made aware that there was a draft policy which was currently under review as a result of findings of inspectors at an organisational level in addition to putting arrangements in place whereby medications were administered by registered nurses only. Medication management practices were found to be generally in line with professional practice guidelines and the legislation. All residents’ medication was administered by registered nurses in the centre. Nurses engaged in transcription of residents’ medication prescriptions. There was supporting signatory information on each prescription including the GPs signature with the exception of one resident’s prescription which was missing one signature.

The Inspector was satisfied that medication stock was checked appropriately. There was evidence that residents had received assessments to ascertain if they were in a position to self-medicate.
Judgment:
Non Compliant - Major

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 inspector reviewed a copy of the staffing rota for the community house. There was a registered nurse on-duty throughout the 24 hours. The person in charge also had responsibility for a local day activation service attended by residents. She attended the centre each day and was recorded on the duty roster. She was supported in her role within the designated centre by four registered intellectual disability, four registered psychiatric nurses and five care staff. Deputising arrangements were in place in the absence of the person in charge. There was a staff nurse and care staff on duty on the day of inspection. The inspector was unable to assess the adequacy of these staffing levels in meeting the needs of residents on this inspection as residents were on day programmes as referenced in the documentation reviewed.

While staff have access to education and training in line with their professional development requirements, there was evidence that education and training on medication management and menu planning for specific dietary needs was required to ensure residents' needs were met in these areas. Inspectors were satisfied that staff received required mandatory training at appropriate intervals such as fire management and prevention, protection and response to abuse.

Judgment:
Non Compliant - Moderate
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspector found that a number of operational policies to inform practice either required review or were in draft format. Health and safety was informed in the designated centre by an organisational policy which was dated 2009. Inspectors were told that this policy is currently under review.

A policy document on fire safety prevention and management was available however required review as it did not include documented details of an arrangement with staff in a neighbouring community house.

The medication management policy was in draft format and had not been implemented in practice as discussed in Outcome 12.

The directory of residents was reviewed. The absence of a resident from the centre is not recorded with each individual resident’s information but as a general list in the front of the document. This required review to improve the accessibility of this information and record keeping requirements.

Judgment:
Non Compliant - Moderate
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:

Catherine Rose Connolly Gargan
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**

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002454</td>
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<tr>
<td>Date of Inspection:</td>
<td>27 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>6 August 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, 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 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

A policy document on fire safety prevention and management did not include documented details of an arrangement with staff in a neighbouring community house to provide assistance with evacuation procedures in the event of a fire in the centre during the night.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**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:**
Since inspection, a draft protocol is being developed with staff in the neighbouring group home to ensure that an effective fire safety evacuation procedure is in place and is understood by both sets of staff.

**Proposed Timescale:** 15/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A night-time fire drill had not been completed to ensure residents could be evacuated safely.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Since inspection, arrangements have been put in place to facilitate a night time fire evacuation which will include staff from the neighbouring home. This evacuation will take place within the time frame referenced below.

**Proposed Timescale:** 29/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A hanging chain-type screen was fitted to the exterior of a designated final fire exit door-frame. This fitting requires review to ensure it does not discourage or hinder emergency evacuation.

**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:**
Hanging chain screen was removed from the fire exit door-frame on the evening of 27th June following monitoring inspection.
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<th><strong>Proposed Timescale:</strong> 27/06/2014</th>
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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Additional support that may be required by residents in the event of an allegation or suspicion of abuse such as social work and advocacy services were not documented in the protection policy.

**Action Required:**
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Please state the actions you have taken or are planning to take:**
The policy will be reviewed through the policy review group and the recommended revisions will be actioned.

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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:**
Not all residents' healthcare needs with adequate interventions were identified in sample of files reviewed.

**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:**
1. Since inspection, all residents risk assessments are being reviewed to identify all healthcare/medical related risks.
2. Specific care protocols for the ongoing monitoring, management and review of these risks will be developed.
3. These care protocols will be included in the person’s individual plan.
4. Care protocols will be subject to 6 monthly reviews.

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<p>| <strong>Proposed Timescale:</strong> 30/09/2014 |</p>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents with swallowing issues and in receipt of modified consistency foods were not reviewed by a speech and language therapist.

There was an absence of referral of residents with nutritional needs to a relevant allied health professional

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
1. Since inspection a review of all residents risk assessments has commenced to identify any health related or medical risks.
2. This review will then inform any onward referral to allied health care professionals for specialised input.

**Proposed Timescale: 30/09/2014**

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was an absence of evidence that specialist diet preparation decisions was supported by the advice of a dietician.

**Action Required:**
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.

**Please state the actions you have taken or are planning to take:**
Since inspection, all residents have been referred through their GP for individual dietary and nutritional advice.

**Proposed Timescale: 04/07/2014**
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:**
An approved operational policy or procedure to inform practice was not available on the day of inspection.

Transcription of residents medication prescriptions was not in line with professional guidelines.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
1. Since inspection the medication management policy for Cavan Monaghan Disability services has been approved and implemented.
2. Since inspection, where it has been necessary any transcribing has been done in line with both statutory and professional requirements.

**Proposed Timescale:** 04/07/2014

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Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff education and training on medication management and menu planning for specific dietary needs was required to ensure residents’ needs were met in these areas.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
1. Since inspection, medication management training for nursing staff has been delivered on 29th July, two more training days have also been arranged for 26th & 28th Aug.

**Proposed Timescale:** 31/08/2014
Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect: The inspector found that a number of operational policies to inform practice either required review to reflect practices or were in draft format including the health and safety, fire safety prevention and management and medication management policies.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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: 1. Since inspection, the 2014 health & safety policy has been issued to all residential units.
2. Since inspection, the medication management policy for Cavan Monaghan disability services has been approved and implemented.

Proposed Timescale: 28/07/2014

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect: The absence of a resident from the centre is not recorded with each individual residents' information but as a general list in the front of the document.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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: Since inspection, the residents directory has been amended to include all overnight absences from the unit.

Proposed Timescale: 05/08/2014