<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002721</td>
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<tr>
<td>Centre county:</td>
<td>Laois</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Muiriosa Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brendan Broderick</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>1</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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From: 13 November 2014 11:00  
To: 13 November 2014 18:30  
14 November 2014 11:00  
14 November 2014 15:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<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 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 16: Use of Resources</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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**Summary of findings from this inspection**

This inspection of a designated centre operated by the Miuriosa Foundation was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. The centre comprises a large bungalow for the sole occupancy of one resident. As part of the inspection, the inspector visited the home and met with the resident and the staff members. The inspector observed practices and reviewed documentation such as policies, personal plans, and accident and incident records.

The home was comfortable and appropriate to meet the assessed needs of the
resident. Overall, the inspector found that the resident received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for the resident.

Some areas for improvement were identified, for example in the management of medication and the development of healthcare plans. These are further discussed in the body of the report and in the action plan at the end of the report.
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:
The inspector found that there were structures in place to promote the rights of residents, for example, staff and management were aware of the rights of individuals and of what constituted a restriction of rights. Rights were identified for residents in the information brochure. Any rights restrictions had been identified and risk assessed.

There was a complaints policy and procedure in sufficient detail as to guide staff, residents and families, and this was available in an accessible version and clearly displayed. A complaints log was kept which included details of any complaints and the outcome. While the person in charge outlined that family members were happy with the outcome of actions taken in regard to complaints, there was no record of this as required by the regulations. This was rectified by the person in charge during the course of the inspection.

An inventory of resident possessions was maintained and included photographs of those possessions.

Judgment:
Non Compliant - Minor
### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
A communication profile was in place for the resident which included details about how staff should communicate, and details relating to what the meaning of certain behaviours or actions of the resident might mean. Pictorial representations of various aspects of daily life had been developed to assist communication, for example, pictures of meals, staff on duty and medications.

Television and radio were available and a computer was available and regularly utilised by the resident.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Links were maintained with family and friends, and visits were welcomed and facilitated in accordance with the wishes of the resident. Regular visits to the family home were also facilitated. The resident had a mobile phone, and used it regularly to both make and receive calls. Community facilities were regularly used, for example, the local walking route, local shops and the community pharmacist.

**Judgment:**
Compliant
Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services

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

**Findings:**
There was an agreement in writing which outlined the services provided and any fees incurred. There was also an admissions policy available, although no admissions were anticipated.

**Judgment:**
Compliant

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:**
Daily and social activities were planned daily in accordance with the assessed needs of the resident, and recorded daily. Activities included horse riding, walking and participation in the local community facilities.

A personal plan had been developed for the resident. It included an ‘About me’ section which outlined important information such as communication, and important requirements, for example, consistency of staff. The plan included a behaviour support plan, but the implementation of this plan was not consistently recorded as further
discussed under Outcome 8.

While a book of photographs had been developed which included, for example, pictures of recent events, it did not include an accessible version of the personal plan.

**Judgment:**
Non Compliant - Minor

**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 designated centre was a large bungalow and included a computer room and a relaxation room. It was well maintained and decorated and a furnished and equipped in accordance with the resident’s assessed needs. The location of the centre was also based on the assessed needs of the resident.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

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

**Findings:**
The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. There was a policy in place in relation to fire safety and the inspector found that staff were aware of the fire evacuation procedures.
and were able to describe the procedures involved. There was a personal evacuation plan in place and all fire safety equipment had been tested regularly.

Infection control policies were in place, storage of cleaning equipment was appropriate and the centre appeared to be maintained at a high standard of cleanliness. Staff had undergone hand hygiene training.

The vehicle allocated to the centre had a current NCT certificate, was serviced and underwent a monthly safety check.

There was a risk policy and a risk register in place, and various risk assessments had been conducted, including road safety, activities and an environmental risk assessment. A lone worker risk assessment and management plan was in place.

**Judgment:**
Compliant

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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 provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. The management of the resident’s finances was robust enough to protect the resident.

There was a behaviour support plan in place which included an risk assessment, functional analysis of behaviour and management strategies. However, this plan was unsigned and undated, so that it was not clear that it was current. Implementation of strategies was not always implemented so that the effectiveness of them could not be assessed, as discussed under Outcome 5.

A register of restrictions was maintained as required by the regulations. There was only one restriction identified, it was used only in particular and clearly stipulated occasions
and was rarely implemented. There was detailed documentation including a risk assessment in relation to this.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents
* A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant notifications had been submitted to the Authority by the person in charge.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development
* Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

**Theme:**
Health and Development

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

**Findings:**
The resident’s daily routine and activities were planned and implemented in accordance to the assessed needs. Staff had a thorough awareness of the individual’s needs and these were facilitated as far as possible. The resident was involved in various daily activities and leisure activities.

**Judgment:**
### 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:**
Food, drinks and snacks were readily available to the resident. The resident chose all meals and snacks on a daily basis, and was supported by staff to consider healthcare needs when making choices, whilst ensuring treats were included.

There were some processes in place to support healthcare needs, for example, the resident had regular access to appropriate healthcare professionals.

Several healthcare needs had been identified for the resident, however information in relation to these was inconsistent or incomplete, and in some cases appeared to be irrelevant to the individual resident.

Healthcare plans were either absent, incomplete or inconsistent. The person in charge had put in place two healthcare plans in relation to priority needs by the end of the inspection.

**Judgment:**
Non Compliant - Moderate

### Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
Medication were managed by the supply of regular medications in blister packs, with additional supply of ‘as required’ (PRN) medications. Medications were securely stored. A self administration assessment had been conducted, and indicated that the resident
needed support with medication management. A medication management policy was in place, as was a local protocol.

Several errors were found by the inspector, including shortfalls in the stock of PRN medications and in the recording or the administration of a medication. Stocks of medication were only checked when a new order arrived and not on a regular basis.

Prescriptions for the most part included all the information required by the regulations. The prescriptions for PRN medications identified the conditions under which the medication should be administered, and clear protocols were in place for these medications. However, where medications were discontinued this was indicated by a line drawn through the prescription on the kardex. There was no signature to indicate who had discontinued the medications, and no date.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre.

**Judgment:**
Compliant
Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities.

The inspector found that some management structures were in place which supported the delivery of safe care and services. For example, regular meetings of persons in charge and line managers took place. These meetings were minuted, actions were identified, the person responsible was identified and review of these actions was on the agenda for the subsequent meeting.

Monthly ‘house meetings’ were held which included staff, the person in charge and the line manager. These meetings were also minuted, and these minutes included a section on matters arising from the last meeting. However, the information recorded in this section did not relate to the discussion at the previous meeting, and there was no evidence of the monitoring of agreed actions.

The provider had conducted unannounced visits. The annual review of the quality and safety of care and support was available to the inspector. However, while the document included columns in which to identify the expected completion date and the person responsible, these were not filled in. This was also the case for a further document intended to guide the follow up to this review, so that there was no evidence of the monitoring of actions.

Various audits had been conducted in the designated centre. For example, there was an audit of the effectiveness of care plans. However, this audit had concluded that strategies were effective, which was not supported by the evidence on the day of the inspection given that strategies were frequently not documented, and the implementation of any strategies against which to check their effectiveness was not recorded. Other audits examined by the inspector were either a checklist or lacking in any useful detail.
Judgment: Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
Appropriate arrangements were in place in the event of the absence of the person in charge, and the person in charge was aware of when absences must be notified to the Authority.

Judgment: Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The centre was well furnished and maintained and adequately equipped to meet the needs of the resident. It appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Compliant
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspector reviewed the staff rosters and observed the daily activities and found that staffing arrangements were based on the assessed needs of the resident. For example, continuity of staff and infrequent changes of staff had been identified as being significant to the resident, and the rosters reflected this assessed need.

The inspector found staff to be knowledgeable about the needs of the resident, the organisation of the centre and of their responsibilities under the regulations. A staff appraisal system had been implemented which identified strengths and goals for each staff member.

Staff training was up to date and included the safe administration of medication, protection of vulnerable adults and food safety.

Judgment:
Compliant
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:
All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available to the inspector.

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:
Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>13 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 January 2015</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 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:
No record was kept as to whether residents were satisfied with the outcome of any complaints.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The person in charge has amended the complaints log to reflect the outcome and satisfaction level of the complaint received and will ensure that this will be recorded for any future complaints.

**Proposed Timescale:** 13/11/2014

<table>
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<th>Outcome 05: Social Care Needs</th>
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<td><strong>Theme:</strong> Effective Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The effectiveness of plans could not be assessed where the implementation was not recorded.

**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:**
The Person in Charge will audit the effectiveness of the plan to ensure implementation and take into account changes in circumstances and new developments. This will be documented.

**Proposed Timescale:** 27/02/2015
## Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Appropriate health care could not be provided in accordance with the resident's personal plan.

**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:**
The Person in Charge has reviewed the care plan to ensure that it contains sufficient information so that appropriate health care is provided to the individual in line with the care plan.

**Proposed Timescale:** 31/12/2014

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were not always appropriate practices relating to the prescribing or storage of medications.

**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:**
The Person in Charge has put in place a system to audit on a weekly basis practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. The GP has agreed to document stop date and sign medications that are discontinued.

**Proposed Timescale:** 30/11/2014
Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not appropriate management systems in place to effectively monitor the service.

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The Service Provider will ensure that sufficient audits are conducted to monitor the service. A new IT system has been introduced to the organisation which will enhance the follow through of actions identified from audits such as the 6-monthly, 12-monthly and HIQA inspection audits. This will capture the findings of the audits, actions arising and status. The Service Provider will review all audits which have taken place in the centre in the previous six months, identify actions and delegate responsibility to the Person in Charge for follow through on actions identified. These audits will include Care Planning, Person Centred Planning, Medication Management, Financial and Health & Safety Audits.

Proposed Timescale: 31/03/2015