

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003578
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Deirdre Byrne
Support inspector(s):	Valerie McLoughlin
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

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 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:	To:
10 March 2015 10:00	10 March 2015 20:00
11 March 2015 09:00	11 March 2015 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an announced inspection which took place over two days and was carried out for the purpose of informing an application for registration. The provider had applied for registration of 11 places. This report sets out the findings of the inspection.

Inspectors found the service provided long term residential care for eleven adults with an intellectual disability, (referred to as residents throughout the report). Inspectors met all residents, and staff during the inspection.

This was the second inspection by the Authority of the designated centre. Overall,

inspectors found the provider demonstrated a willingness 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. However, a number of areas for improvement were identified. These non compliances related the clinical supervision at unit level to ensure safe practices in relation to medication management, the documentation of health care needs and the management of complaints, in addition, improvements were required regarding the allocation of staff to ensure residents could carry out activities in the evening and weekends.

Inspectors found there continued to be a committed management team, who ensured a good governance structure was in place. Inspectors met the chief executive officer, who is also the person nominated on behalf of the provider (referred to as the provider in the report), the person in charge and senior management at the inspection. Both the provider and person in charge suitably demonstrated their fitness and commitment to meet the requirements of the Regulations.

Inspectors found that residents received a good quality service in the centre by staff who supported and assisted them to have a range of choice in how they went about their day. There was evidence of good consultation with residents through house meetings, and residents' communication support needs were met effectively.

The centre was well laid out, bright, clean and homely. It had a domestic, homely atmosphere. Inspectors found systems were in place for residents to voice concerns and an advocacy service had recently been made available. Collective feedback in both conversation with, and questionnaires read from residents and relatives was one of overall satisfaction with the service and support provided, with an area of improvement regarding bedrooms, which the provider was aware of.

The provider and person in charge promoted the safety of residents, and the staff had an in-depth knowledge of residents and their needs.

However, as outlined above there were improvements identified to ensure compliance with the Regulations, these were in relation to the documentation of clinical care plans, medication practices and staffing resources to enable residents to socialise in the evening. In addition, the management of complaints and the risk assessment process required improvement. There were improvements required in relation to the contract of care.

The 14 actions identified at the previous inspection in May 2014 were followed up. Overall, the majority of actions were completed. There were 10 complete, and four were incomplete. The incomplete actions was in relation to the system of clinical governance in the centre, the risk assessment process and the documentation of care plans for residents identified needs,

The actions are outlined in the body of the report and 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found the provider, person in charge and staff had systems in place to ensure residents were consulted with, and participated in decisions about their care and the organisation of the centre. However, some improvements were required in relation to the management of complaints.

There was a complaints policy in place and a pictorial procedure was displayed in the centre. Overall, the policy met the requirements of the Regulations. However, there was no person nominated to oversee that complaints were recorded and responded to. In addition, the documentation of complaints required improvement. Inspectors read a sample of complaints forms. Some forms were not individually completed, and referenced multiple residents names. This is discussed under outcome 18 (Documentation). Inspectors found forms were stored on residents files which could easily be accessed by any other staff. There was evidence of action taken and discussion around complaints made, along with feedback to residents. However, there was no record of the residents satisfaction. This was discussed with the person in charge who assured inspectors action would be taken to improve these matters.

The provider and person in charge ensured systems were in place to protect and manage residents personal finances. However, improvements were required. An action from the previous inspection was not fully addressed, as not all residents handled their own disability allowance, and there was no written agreement in relation to the arrangements in place.

The systems for safe keeping residents money was reviewed with staff. While systems

were in place to protect residents personal monies, the documentation of transactions required improvement. For example, there was no documented record of the resident or a second staff having witnessed and countersigned transactions, this was an issue at the previous inspection, as is further discussed under outcome 18.

Inspectors found residents were regularly consulted with about how the centre was planned and run. A house meeting took place every two weeks to elicit feedback. A sample of minutes were read, and a range of issues were discussed at meetings. For example, grocery shopping, menus, activities, maintenance works, staffing levels, complaints and this HIQA inspection.

Inspectors observed staff treated residents with dignity and respect. Interaction between staff and residents was respectful and carried out in a friendly, patient manner. Inspectors observed staff knocking and asking permission to enter residents bedrooms. Generally, residents had a choice in how they spent their day and they were encouraged to take part in activities such as going on day trips, to restaurants, the cinema, shopping centres, and events. However, an area of improvement required in relation to residents being able to access to evening activities due to lack of staff. This is discussed under outcome 16 (Resources).

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the person in charge ensured the communication support needs of residents were met.

The residents had access to assistive technologies and were facilitated to access communication aids to promote their full capabilities. For example, pictorial technologies, tablets and mobile phones were observed to be used by the residents.

Staff were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident.

The centre was part of the local community, and residents had access to radio, television, internet, social media and information on local events. The residents

participated in local services and had links with the neighborhood, through employment, work experience, leisure and social activities and the day services.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were supported to develop and maintain personal relationships and links with the wider community, and families were encouraged to be involved in the lives of residents.

There was a visitors log in place to record all visitors to the centre. Both residents and staff informed inspectors that visitors were welcome in the home. Visitors could visit residents at any reasonable time, with residents wishes.

Inspectors found that family relationships were supported and encouraged. Families were welcome in the home. Additionally, residents informed inspectors of their holidays plans and weekend trips to stay in their family home, that were supported and facilitated by staff.

Links to the community were also evident. Rosters in the home indicated that residents participated in weekly routines of the home, such as shopping for groceries. Additionally, residents visited the community to attend swimming pools gyms, restaurants, coffee shops and day care services. There were opportunities for residents to undertake work experience and employment in the community.

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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found the provider ensured admissions and discharges to the service were timely, and each resident had an agreed, written contract. However, improvements in relation to the contract of care were required.</p> <p>Inspectors found each resident had a written agreement of the provision of services. A sample of contracts of care were reviewed, and they included the fees to be paid by each resident. However, the contract did not outline the services to be provided. In addition, the contracts were not signed by the resident or their representative where required. These matters were discussed with the person in charge and regional services manager at feedback who assured inspectors it would be addressed.</p> <p>There was a comprehensive policy and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose. There had been no new admissions or discharges to or from the centre in a number of years, with all of the residents residing in the centre since their admission.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 05: Social Care Needs <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Inspectors found the social, health and emotional care needs of residents were ensured through regular assessment of and review by staff familiar with their needs. There was</p>

evidence that the supports provided by the service to residents was cognisant of their individual needs, and also ensured residents were enabled to make informed decisions and choices. Actions from the previous inspection in relation to the documentation and review of residents goals was completed. However, an action relating to the documentation of plans regarding residents' identified health care needs was not fully completed. Furthermore, improvements in the development of health care plans were required.

There was documented evidence that each residents health, personal and social care and support needs were assessed at regular intervals no less than annually thereafter. The personal plans in the centre were reviewed by inspectors. The plans were comprehensive, with evidence of regular reviews that included a multidisciplinary input from allied health services. There were quarterly reviews of progress, completed by the residents key worker. An annual review which was also conducted and attended by the resident, with documented records of these meetings on file. It was evident in reading the plans for the residents, that progress was being made, and the goals were actively implemented. There was documented procedures on each file that outlined the supports in place for each residents communication, personal and intimate care, education, training for life skills where appropriate. The staff were knowledgeable on the resident's preferences supports within their personal plans.

While the plans took account of resident's psychosocial needs as well as medical and physical status, the documentation of residents' health care needs required improvement (this is discussed under Outcome 11: health care needs). For example, residents with diabetes, dysphagia and catheters did not have comprehensive care plans that guided staff practice. One resident at risk of falls, and had experienced a number of falls recently had no care plan developed. In addition, allied health professionals recommendations were not consistently incorporated into the health care plans for residents with dysphagia. This was discussed with the person in charge, who assured inspectors it would be addressed.

As reported after the previous inspection, there were no residents expressing a desire to move services. The person in charge was aware that two bedroom in the houses were twins rooms, shared by two residents in each. There continued to be reports of residents expressing a desire to have their own bedroom. This was discussed with the person in charge and the regional director of services who confirmed they were aware of the issue, and if a single room was to become available the residents would be facilitated. They had met the residents, who had also reported their satisfaction with the house and remaining as resident's there.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the centre was clean, warm, well maintained and homely. The centre comprised of two units, both of which were visited by inspectors who found them to be well laid out and met the individual needs of the residents.

As reported above, there were two units, located in close proximity to one another. Unit one consists of a two story house, four bedroom house. There were three single bedrooms and one two bedded room. Inspectors visited one of the bedrooms with the permission of the resident. It was of adequate size to meet residents individual needs. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as television, family photographs, posters and various other belongings. Unit two is a two storey house. It consisted of five bedrooms (four single and one two bedded room), with two communal toilet and wash-hand basin, and one communal shower room. The design and layout of this house met the individual and collective needs of the residents.

In both units there were appropriate numbers of bathrooms, showers and toilets in the centre to meet the residents needs. There were separate toilets provided for staff. Each of the two units were provided with a kitchen/dining and sitting room. A pleasantly landscaped garden was accessible to residents both to the front and back of the house. A separate office with bed for sleep over staff was provided.

The centre was maintained to a high standard cleanliness and hygiene. Inspectors were informed both staff and the residents carry out the cleaning procedures. There was suitable cleaning equipment provided.

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):

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

Inspectors found the provider ensured systems were in place to protect and promote the health and safety of residents, staff and visitors safety. However, improvements were identified in relation to the ongoing assessment of risk in the centre.

A risk management policy was read by inspectors, that met the requirement of the Regulations. There was evidence that risks were identified, assessed and monitored. These included individual risk assessments for matters such as the self administration of medication, traveling independently and staying at home alone. A sample of these were reviewed by inspectors. However, the assessment process in areas was not comprehensive and the control measures in place did not fully guide practice. This was an issue at the previous inspection and required further improvement.

Inspectors read local risk registers, that included clinical and environmental risks identified in each centre. Each risk had been assessed and controls were applied. There was a system of monitoring risk, with annual reviews of the risk register read by inspectors. The person in charge outlined the process of escalating high level risk to senior management for review.

Accident and incidents reports for 2014 and 2015 were read. A low number of incidents had taken place, and appropriate follow up action was taken. A standard reporting form was completed for each incident.

There were health and safety policies in place, and a safety statement dated October 2014 was seen by inspectors.

Infection control procedures had been developed since the last inspection. However, it did not include the precautions in place to manage specific types of infection diseases or outbreaks. This is discussed in Outcome 18.

Inspectors reviewed an emergency plan that provided sufficient guidance to staff. This was an action at the previous inspection and was completed. Staff were also able to tell inspectors what they would do in the event of an emergency and the alternative accommodation available if an evacuation was required.

Overall, there were suitable systems in place for the management of fire safety. Inspectors spoke to staff who were knowledgeable of the fire prevention and evacuation procedures in place. All staff had received training in fire prevention and the use of extinguishers. This was an action at the previous inspection and fully addressed.

There was documented records of fire drills that took place regularly, and included both staff and residents. In addition, night drills were carried out. Inspectors read where issues had been encountered during one drill, and the action that had taken to improve the situation. Inspectors read daily, weekly, monthly and quarterly checks of safety equipment and alarms and exits. Records read confirmed that fire fighting equipment was serviced regularly at frequent intervals. Fire orders were displayed prominently throughout the centre.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that the provider had measures in place to safeguard and protect residents from abuse. However, improvements were identified to ensure policies and procedures on restrictive practices were implemented in practice.

There was a policy on and procedures in place for the prevention, detection and response to abuse that was comprehensive, and guided practice. Inspectors spoke to staff who were familiar with the types of abuse and how they would respond if an allegation of abuse was made. All staff had completed up-to-date training in safeguarding of residents, and records read confirmed this. This was an action from the previous inspection and was addressed.

There had been no incidents, allegations or suspicions of abuse that required notification to the Chief Inspector. The person in charge was familiar with the procedures to follow to carry out an investigation. There was a designated person nominated to oversee the investigation of allegations of abuse, and the person in charge outlined these procedures to inspectors, and her role therein.

Inspectors read intimate care plans that had been developed for each resident, and incorporated into their personal plans. The plans were provided clear guidance to staff and reflecting the residents' wishes and procedures they liked to follow.

A policy relating to positive behaviour support was seen to be operating in practice. There were no residents with behaviours that challenged in the centre. Inspectors were updated on an issue from the previous inspection in relation to the behaviour support plan for one resident. The behaviour support plan had been formally discontinued as it was no longer applicable to the resident.

Overall, there was little or no use of restrictive practices carried out in the centre. However, the use of chemical restraint for one resident was identified by inspectors. While the staff were familiar with the resident and described the requirement for the restrictive practice, the rationale and alternatives that had been considered before the interventions was used were not documented. This was not in line with the centres or the National Policy "Towards of Restraint Free Environment". Inspectors discussed this with the person in charge, who was able to outline the alternatives considered and assured inspectors these would be recorded in future.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the person in charge and staff had maintained records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge and escalated to senior management if required.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector 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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that each resident had opportunities for new experiences, social participation, training and that employment was facilitated and supported.

Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage in work experience, employment and development in meaningful ways. These were guided by resident's own interests and preferences and set out in their personal goals. These included daily tasks like using the internet to contact family, to completing work experience, and seeking employment. Inspectors spoke to one resident who described the role and that they enjoyed their job very much.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that each resident was supported to achieve and enjoy the best possible health. However, improvements were identified in the documentation of care plans of the specific health care needs of residents and referral to allied health professionals.

There was evidence that residents were seen by a general practitioner (GP) of their choice, and there were records of the appointments and visits to see their GP. Inspectors reviewed resident files and found that residents had access to a range of allied health-care professionals. These included, but were not limited to, dentist, chiropodist, dentist, and speech and language therapist. However, one resident with insulin dependent diabetes had not been referred to see a dietician in relation to their condition despite having recurrent elevated blood sugar. Staff confirmed that a dietary referral had not been made to date. As discussed in Outcome 5, the most up-to-date recommendations of allied health professionals were not consistently included in residents health care plans. This was brought to the attention of the person in charge during the inspection, who advised inspectors it would be addressed.

Inspectors found staff were familiar with the health care needs of residents. However,

the care plans developed to guide the identified health care needs of residents lacked detail and did not guide staff practice, for example, diabetes, dysphagia and catheter care. This could lead to poor outcomes for residents if inconsistent practices were carried out. Inspectors also found there was no care plan in place for one resident who at risk of falls. This is further discussed under Outcome 5.

Residents were seen to be actively encouraged to make healthy living choices during the inspection and to take responsibility for their own health and medical needs.

There were good practices in place for residents to make healthy living choices around food. There were regular meetings where residents could decide on shopping lists and choose menus. Inspectors observed the evening meal, which was be nutritious and wholesome. The meals were prepared by staff along with some residents who helped to prepare their meals. The mealtime experience was a relaxed social event, and staff also sat with residents. The kitchen was well laid out, and there was plenty of food in stock. Snacks and drinks were available to residents throughout the day and residents were seen availing of this.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found medication management policies and procedures were in place. However, improvements were required to ensure the residents were fully protected.

There was a medication management policy for prescribing, administering, recording and storing of medicines which included pro re nata (PRN), crushed medications. However, it was not fully implemented in practice. The procedures in place for prescribing sliding scale insulin required improvement. While the correct medication was administered in the correct dosage, the process in place for prescribing sliding scale insulin could result in a medication error. Inspectors found that the sliding scale regime had not been rewritten on each occasion following a review of therapeutic blood levels. While the name of the insulin was recorded on the GMS prescription and on the medication prescription chart it was not recorded on the sliding scale prescription sheet. The person in charge addressed this issue immediately during the inspection. Inspectors reviewed the new prescription and were satisfied with the amendment. This is further

discussed in outcome 18.

There was no separate fridge in place for the safe storage of insulin. Insulin was stored in a food fridge in the kitchen that was accessible to residents and visitors and therefore may pose a hazard. In addition, the thermometer in the fridge indicated that it was not at the correct temperature for storing insulin. Records read found there were inconsistent temperature checks carried by staff. This was brought to the attention of the person in charge who took appropriate action and returned the insulin to the pharmacy and a new lockable fridge was ordered specifically for the storage of medications.

While there was a system in place to audit medication management it required improvement to include a review of high alert medications as it did not capture the issue with sliding scale insulin outlined above.

There were procedures in place to support residents to self-medication. At the time of inspection, one resident was responsible for their own medication. Inspectors read risk assessments completed for the resident. However, the annual re-assessment was not comprehensive and consisted solely of a signature and date with no other information. Therefore it could not be ascertained what rationale was used in the resident continuing to self medicate without a full risk assessment.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. The processes in place were in accordance with current professional guidelines and legislation and inspectors observed staff adhering to these guidelines when administering medication. All staff were trained in medication management.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities

provided to the residents. It reflected the centre's aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found there was an established management structure in place, with the roles of staff were clearly set out and understood. There were good systems in place to monitor and review the safety and quality of care, and a full time person in charge was in place. However, an area of improvement in terms of clinical supervision was identified.

The person in charge was suitably qualified and experienced, and managed the centre with authority, accountability and responsibility for the provision of the service. The person in charge was full time in her role in the organisation and oversaw two other designated centres. While there were good governance systems in place in place, the clinical supervision at unit level required improvement. For example, issues as discussed in the report in relation to medication management and health care plans were identified. The person in charge updated inspectors during the inspection, that a clinical nurse manager (CNM) from within the organisation would be made available to provide additional support to the centre and planned to meet staff and review clinical practices and health care plans in place on a weekly basis.

At the previous inspection, it was reported that the person in charge visited the centre just once a month. This was discussed with the person in charge who said she now visited the centre once every two weeks. While there were regular staff meetings, it was noted these had not taken place with such frequent regularity in one unit with gaps of up to four months between meetings in one unit. However, these had recommenced prior to the inspection. Minutes of the meetings read outlined a range of matters discussed including the care and support needs of each resident.

Inspectors met the team leader, who supported and deputised for the person in charge in her absence. He was responsible for the management of the centre, and visited the centre every day. This was also confirmed by staff.

There were good systems in place to monitor the safety and quality of care provided to residents, with comprehensive audits completed by a quality and safety department within the organisation. These audits were un-announced and took place up to twice a year. The most recent two audit reports (September 2014 and February 2015) were read by inspectors. The areas looked at included complaints, personal plans, interviews with residents and staff. A detailed action plan was also read that outlined the area that required improvement. The person in charge outlined how she was implementing the changes, and showed inspectors her own localised action plan to address them.

An overall report encompassing the results of the safety audits along with the quality of the service was not in place, or available to residents. This was discussed with the person in charge and regional services manager, who were aware of the requirement to do so, and to provide a copy of same to residents.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place through the availability of the team leader and residential services manager to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

Judgment:

Compliant

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

Theme: Use of Resources

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: Inspectors found from a review of residents needs that the designated centre was insufficiently resourced to support the needs of residents to achieve their individualised plans due to poor planning and deployment of staff. The designated centre physically met the residents needs, and there was access to a car to facilitate trips, outings and appointments. However, there was insufficient planning and deployment of resources in the centre resulting in inconsistencies in terms of outcomes for residents. For example, insufficient staff to bring residents on trips, this was confirmed by staff and residents, who had on a number of occasions reported their desire to go out in the evening to the cinema or for dinner.
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Judgment: Non Compliant - Moderate
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Outcome 17: Workforce <i>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.</i>

Theme: Responsive Workforce

Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
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Findings: Inspectors found there were appropriate staff and skill mix in place to meet the assessed needs of residents, and residents received continuity of care. Staff were provided with up-to-date mandatory training, with an area of improvement identified.
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Training records were held centrally, and these were reviewed by inspectors. The records read outlined the actual and planned training for all staff. The records confirmed all staff in the centre had completed up-to-date training in fire safety, safeguarding and safety and manual handling. An action from the previous inspection relating to manual handling and fire safety training was complete.

There was evidence that other training was provided that included the safe administration of medication, diabetes management and non violent crisis intervention. However, the provision of food hygiene training required improvement. Although staff prepared meals for the residents in the centre, only two had received training to date, and this was last provided in 2008. This was discussed with the person in charge and regional services manager who said it would be addressed.

Staff files were reviewed and met the requirements of Schedule 2 of the Regulations 2013. The person in charge had ensured that staff were aware of the Regulations and copies of the Regulations and Standards were provided in the designated centre for the the staff.

There were appropriate arrangements in place to ensure that staff were supervised on an ongoing basis. A sample of performance reviews for staff were read by inspectors. A programme of supervision was in the process of being rolled out for all staff, and records of the initial meetings with some staff was read by inspectors.

The volunteer documentation and arrangements in place were not reviewed at this inspection.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that all policies required by Regulations were in place, and overall, records were accurate and, up-to-date. However, improvements were identified in relation to policies.

The provider had ensured the designated centre held all of the written operational policies as required by Schedule 5 of the Regulations. However, not all policies were implemented in practice by staff who required additional education regarding same. For example, the medication policy (see Outcome 12), the risk management policy (Outcome 7) the restrictive practices policy (Outcome 8) and the complaints policy (Outcome 1). In addition, the procedures on infection control did not fully guide practice.

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval, with improvements required in relation to residents records. For example, the documentation of certain medication prescriptions for some residents (see outcome 12) and the documentation of residents' monies received and safeguarded on their behalf (see outcome 1).

An up-to-date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

Judgment:

Substantially 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:

Deirdre Byrne
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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003578
Date of Inspection:	10 March 2015
Date of response:	31/03/2015

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

The management of the records of residents finances was not robust enough.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

- a) Schedule of all charges will be made available to residents and their families on review of the upcoming legislation; by the management team 31/8/2015
- b) Agreement will be made with the residents in line with the Saint John of God Community Services Limited Application of Supports Policy and Contract of Care; by the management team 31/8/2015
- c) Plan for management to communicate with families who currently manage resident's accounts to ensure they are managed in line with the regulations. 31/8/2015
- d) Residents will be supported to manage their own finances by the Social Care Leader and keyworkers 11/3/2015
- e) Written agreements will be made with residents or their advocates in relation to the arrangements made to manage their finances as part of the Contract of Care 31/8/2015
- f) A local protocol will be written for staff signing financial transactions which will include the social care leader signing off on the books once a week 30/6/2015

Proposed Timescale: 31/08/2015

Theme: Individualised Supports and Care

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

The records of complaints did not contain the residents satisfaction.

Complaints made by residents were not recorded and actioned on an individual basis

Action Required:

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

- a) An Administrative Officer will be nominated to oversee that complaints are recorded and responded to in a timely manner 27/3/2015
- b) Complaints will be made on behalf of each individual (not multiple names on one form) 11/3/2015
- c) Complaints will be stored in a specific "labelled" folder and will be held by the Social Care Leader of the designated centre 11/3/2015
- d) Resident's satisfaction will be recorded following resolution of a complaint 11/3/2015

Proposed Timescale: 27/03/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There was no nominated person to ensure complaints were recorded and responded to as per the Regulations.

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:

An Administrative Officer will be nominated to oversee that complaints are recorded and responded to in a timely manner 27/3/2015

Proposed Timescale: 27/03/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care did not outline the services to be provided to residents.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

a) The contract of care for each individual will outline the services to be provided 30/5/2015

b) The contract of care will be signed by each individual or their representative where required 30/5/2015

Proposed Timescale: 30/05/2015

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:

Personal plans for residents health care needs were not comprehensive enough to not guide practice. For example, the management of dysphagia, diabetes and catheters.

Health care plans were no developed for residents at risk of falls.

The most up-to-date recommendations of allied health professionals were not incorporated into the health care plans for residents, for example, speech and language therapy.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- a) Comprehensive care plans will be developed for individuals where there is a medical concern with the input of a delegated CNM I 31/8/2015
- b) A care plan will be developed for all residents at risk of falls in consultation with the physiotherapy department of Saint John of God Carmona Services 31/8/2015
- c) Where input from a particular allied health discipline is completed for a resident this will be evidenced on their Person Centre Plan 31/8/2015

Proposed Timescale: 31/08/2015

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:

Improvements were required in the documentation of controls to manage assessed risks.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

- a) Risk assessments will be reviewed in a comprehensive manner in order to fully guide practice 30/4/2015
- b) Infection Control procedures will be revised and further developed to include precautions to manage specific types of infection diseases or outbreaks 30/4/2015
- c) Infection control audits will be scheduled for the designated centre and resultant findings shall be actioned 30/4/2015

Proposed Timescale: 30/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The use of chemical restraint required improvement as per National Policy and evidenced 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:

The Person in Charge will ensure that the use of chemical restraint within the Designated Centre will be reviewed and documented in line with the Centre's Policy and the National Policy "Towards a Restraint Free Environment"

One individual is currently on medication which may be considered a chemical restraint. This individual has a review scheduled with the psychiatrist on 15th April 2015. He also has a review with his GP on April 1st which is specifically to review this medication and the rationale for its use. The outcome of both appointments will be included in the individual's PCP.

A referral will be sent to the Rights Review committee for this restriction following the above appointments.

Proposed Timescale: 30/04/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents were not consistently referred to allied health professional were required, for example, dietician.

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:

a) Comprehensive care plans will be developed for individuals where there is a medical concern with the input of a delegated CNM I 31/8/2015

b) An appointment has been made for the individual concerned with the dietician in St Columcille's hospital for 2nd April 2015. In the meantime the dietician has forwarded

diabetic diet advice which has been included in the gentleman's PCP. Moving forward; where required; residents will be referred to a dietician and this input will be evidenced in the individual's Person Centre Plan 11/3/2015

c) A care plan will be developed for all residents at risk of falls in consultation with the physiotherapy department of Saint John of God Carmona Services 31/8/2015

Proposed Timescale: 31/08/2015

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:

The procedures relating to the storage of temperature controlled medications such as insulin were not robust.

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:

a) The medication management policies and procedure will be fully implemented 11/3/2015

b) A fridge will be provided in the designated centre specifically for the storage of medication needing refrigeration 11/3/2015

c) Where a person has a sliding scale regime for the administration of insulin it will be rewritten on each occasion that there is a review of the person's therapeutic blood levels. This will be evidenced in the Person Centred Plan 11/3/2015

d) Where required the name of the insulin in use will be recorded on the sliding scale prescription sheet 11/3/2015

e) Medication audits to include a review of high alert medications 5/5/2015
(next scheduled audit date in conjunction with the Pharmacy)

Proposed Timescale: 05/05/2015

Theme: Health and Development

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

The risk assessment process for residents who self medicated required review.

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:

- a) A comprehensive assessment will be carried out for individuals who are self-medicating and this will be reviewed in a comprehensive manner on an annual basis or sooner if required 31/8/2015
- b) A full risk assessment will be carried out for individuals who are self-medicating and this will be reviewed in a comprehensive manner on an annual basis or sooner if required 31/8/2015

Proposed Timescale: 31/08/2015

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:

The system in place to review the safety and quality of care required review.

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:

A designated CNM I will be made available to the designated centre in order to improve clinical supervision at unit level. A schedule has been drawn up and agreed whereby the CNM I will attend the DC once a week for the next 3 months to review each care plan. Following this she will meet with the SCL on a scheduled basis of a minimum 6 monthly for individuals with epilepsy and diabetes and annually for other medical conditions. If any issues/concerns or changes happen prior to the scheduled reviews the SCL will contact the CNM I for the required support. 11/3/2015

Proposed Timescale: 11/03/2015

Theme: Leadership, Governance and Management

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

There was no annual report of the review of safety and quality of care in the centre available.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made

available to residents and, if requested, to the chief inspector.

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

An annual report will be provided to the residents encompassing the quality and safety of care and support of the designated centre 30/5/2015

Proposed Timescale: 30/05/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The designated centre was not appropriately resourced to meet all residents assessed needs.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The staffing in the designated centre will be reviewed taking into consideration National Agreements on staffing to include roster changes to ensure the efficient use of the allocated compliment. In the meantime additional support (which is currently in place one evening a week) will be increased to three evenings a week as some of the residents go home at the weekends. 30/9/2015

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had up-to-date training in food hygiene pertinent to their role

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:

Food Hygiene training will be provided to all staff in the designated centre 30/9/2015

Proposed Timescale: 30/09/2015

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 policies outlined in the report were not fully implemented in practice.

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:

- a) The SCL will go through the following policies at the team meetings in the DC: The Medication Policy, The Risk Management Policy, The restrictive Practices Policy and the Complaints Policy. 30/5/2015
- b) Risk assessments will be reviewed in a comprehensive manner in order to fully guide practice 30/4/2015
- c) The use of chemical restraint will be reviewed and documented in line with the Centre's Policy and the National Policy "Towards a Restraint Free Environment" 30/4/2015
- d) An Administrative Officer will be nominated to oversee that complaints are recorded and responded to in a timely manner 27/3/2015
- e) Complaints will be made on behalf of each individual (not multiple names on one form) 11/3/2015
- f) Complaints will be stored in a specific "labelled" folder and will be held by the Social Care Leader of the designated centre 11/3/2015
- g) Resident's satisfaction will be recorded following resolution of a complaint 11/3/2015
- h) The PIC will revise and further develop Infection Control protocols to include precautions to manage specific types of infection diseases or outbreaks to guide practice in the DC 30/4/2015

Proposed Timescale: 30/05/2015

Theme: Use of Information

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

The infection control procedures did not fully guide practice.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and,

where necessary, review and update them in accordance with best practice.

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

Infection Control procedures will be revised and further developed to include precautions to manage specific types of infection diseases or outbreaks 30/04/2015

Proposed Timescale: 30/04/2015

Theme: Use of Information

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

The documentation of monetary transactions by residents' required improvement.

The documentation of residents prescriptions sheets required improvement.

Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

a) Residents will be supported to manage their own finances 11/3/2015
b) Written agreements will be made with residents or their advocates in relation to the arrangements made to manage their finances as part of the Contract of Care 31/8/2015
c) A local protocol will be written for staff signing financial transactions which will include the social care leader signing off on the books once a week 30/6/2015

a) The medication management policies and procedure will be fully implemented 11/3/2015

b) Where a person has a sliding scale regime for the administration of insulin it will be rewritten on each occasion that there is a review of the person's therapeutic blood levels. This will be evidenced in the Person Centred Plan 11/3/2015

c) Where required the name of the insulin in use will be recorded on the sliding scale prescription sheet 11/3/2015

Proposed Timescale: 31/08/2015