

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Peacehaven Trust Ltd
<b>Centre ID:</b>	OSV-0003690
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Peacehaven Trust Ltd
<b>Provider Nominee:</b>	Lily (Elizabeth) King
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	14
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 04 February 2015 10:00 To: 04 February 2015 20:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

While this was the first inspection of this designated centre run by Peacehaven Trust Ltd, some units within the centre had been part of a previous inspection. An inspection of a temporary location for a designated centre was carried out in March 2014 to allow building renovations to be done within one of the units of this centre. At the time of this inspection, all residents had returned to the newly renovated unit and the temporary location closed. This designated centre was made up of three units which currently catered for a total of 14 residents. There was the capacity to cater for 16 residents in total. As part of the inspection, the inspector visited each unit, met with residents and staff, reviewed documentation and observed practices. The inspector also requested certain documentation be forwarded on post inspection for further review.

Overall the inspector found that residents expressed satisfaction at their experience of living in the centre. Interactions observed between residents and staff were relaxed, respectful and took varying approaches to meet the different needs of residents. Documentation on residents' care and supports were found to be clear and accurate. However, overall improvements were required to ensure compliance with the Regulations and to promote a safe, quality service for all residents. Of the 9 outcomes inspected five outcomes were evidenced as being fully or substantially compliant with the Regulations, two as a moderate non-compliance, and two as a

major non-compliance in need of speedy address.

The main areas in need of improvements were in relation to:

- medication management practices and staff training in this area
- ongoing audit and review of the care and support delivered
- the implementation of comprehensive policies and procedures

The findings of this inspection are outlined under the relevant outcome heading within the body of the report, and failings identified in the action plan.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector determined that residents' social care needs were being assessed, planned out and met in the designated centre. There was a clear assessment of need completed through the person centred plans. The inspector found that the assessments and plans included the personal, emotional and social supports that the resident required to ensure they were participating in their lives and communities to the best of their abilities and interests. The person centred support plan outlined goals that the resident was currently being supported with. Meetings were held yearly with each resident and their families to map out the year ahead. Residents who had met retirement age were supported to spend time at home, taking part in activation suitable to their age and interests.

The inspector determined that residents had opportunities to participate in meaningful activities suitable to their age, preferences and abilities.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> This designated centre is made up of three units located closely to each other. Unit one is made up of two semi-detached house converted into one large two-storey house which had recently been refurbished to a very high standard. This ensured the action from the previous inspection had been adequately addressed. It caters for 3 residents. Unit two, is a dormer bungalow with attic conversion, that caters for 6 residents. And unit 3 is an extended semi-detached house which is home to 5 residents. There was a self contained apartment within the house for one resident, with separate entrance way.</p> <p>The inspector found that each unit of the centre was warm and nicely decorated. The centre was clean and had sufficient equipment to assist the resident with daily living. For example, automatic bath seats, second story fire exit, ramps for wheelchair access.</p> <p>The inspector found that the design and layout of the centre met the needs of the current residents, and determined that the premises met the requirements as set out in Schedule 6 of the Regulations.</p> <p>The actions in relation to one unit of the designated centre from the previous inspection had been satisfactorily addressed, with the completed renovation of one unit in the centre.</p>
<p><b>Judgment:</b> Compliant</p>

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

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment along with the emergency lighting systems were routinely checked and serviced by a relevantly qualified professional. Staff also carried out daily inspection</p>

checks in relation to fire safety. Records in relation to these routine checks were well maintained in each unit of the centre. There was clear evidence of a number of fire evacuation drills carried out. The inspector chatted with a number of residents, who spoke easily about what to do in the event of a fire. Residents with hearing difficulties had vibrating alerts along with lights that activated should the fire alarm sound. Fire safety training had been provided to all staff working in the centre. This had been an action at the previous inspection, and was now adequately addressed.

While there was a risk management policy in place dated November 2013, it required improvements and further development to fully meet the Regulations. This had been actioned in the previous inspection, and had not been satisfactorily addressed. The policy in its current format was not detailed enough to guide staff, and show how risk was assessed and reviewed on an ongoing basis. Risk assessments had been carried out to ensure the specific risks of the Regulations were assessed and managed. There was no formal structure in place for reviewing and monitoring identified risks, and to ensure any controls were proportionate. Likewise, the policy and practices did not ensure there were arrangements in place for investigating and learning from incidents or adverse events. This will be further discussed under outcome 14 Governance and management, as the failing here relates to a lack of effective management systems and oversight. Staff were able to discuss what risks were in place in each unit of the designated centre, and how they were managed. For example, risk of a resident leaving without staff knowledge, or risk of aggressive behaviour.

There was a health and safety statement and an evacuation plan in place in each location which outlined how the centre managed environmental and building risks, such as fire and the spread of infections. There was a detailed emergency plan now in place, which was an improvement since the previous inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector spoke with residents from the three units, and found that residents felt safe living in the centre. For example, one resident noted the unit was equipped with a burglary alarm and a fire alarm and that he could talk to staff if he felt unsafe. Staff members were observed to interact with residents in a warm and respectful way. Staff had received training from an external trainer in safeguarding and responding to abuse. This was evidenced in the training records, and confirmed by staff.

There was a policy in place on safeguarding residents from sexual and physical abuse which outlined staff should report directly to the CEO/ provider nominee. The inspector found the policy did not offer guidance on the other types of abuse, and possible signs to look out for. For example, financial abuse or emotional abuse. The policy was also lacking as it did not outline how and by whom an investigation would take place, and the time frames associated with this.

There was a policy on supporting residents with behaviours that could be challenging, but again the inspector found this lacking in clear guidance, and did not ensure a consistent approach. For example, a resident identified as having the potential to be aggressive did not have documented supports in place to ensure all staff supported this resident in the same manner. Incidents in relation to this residents had not brought about a review of the supports in place, and the formalisation of a care plan for these behaviours. The inspector was made aware of a policy on securing residents in their rooms at night, but a comprehensive policy on restrictive practices was not in place. On speaking with staff, and through observation the inspector found a restraint free environment was being promoted. However, a restrictive practices policy was not in place to inform and guide staff in this area.

While the inspector observed positive interactions, and residents expressed that they felt safe in the centre, there wasn't full implementation of appropriate policies in safeguarding and protection of vulnerable persons, behaviours that challenge and restrictive practices.

**Judgment:**  
Substantially 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):**  
No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were supported on an individual basis to achieve and enjoy their best possible health.

The inspector found that access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet residents' diverse health care needs. Staff completed clear accounts of each medical appointment and logged this in residents' files. Documentation in relation to assessments and care plans for health, emotional and social needs were in place.

The inspector found that there was good selection of meals available to residents in the designated centre. Each resident chose the main meal for certain days of the week. A food menu was on display in the kitchen to show the plan for the week. Residents' files showed the supports necessary for food and nutrition, or to promote healthy eating.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was not satisfied that residents were protected against safe medication practices in the designated centre.

The medication policy was not relevant or specific to this designated centre, and lacked clear guidance to staff on safe medication practices related to the prescribing, ordering, storage and administration of medication. For example, the policy mentioned the "drug trolley", and there was no trolley in use in this centre. The policy also discussed the use of "prescription cards" which were not operational at the time of inspection. The policy was in need of further development and review to ensure it was based on best practice, was specific to this centre, and clearly guided staff.

The person in charge had no involvement in medication management, or in reviewing practices around this. Care managers took on this role. Social care staff administered medication across the three units. The inspector found that staff knowledge on the reasons for medication usage, and on best practice in relation to medication management was lacking. Staff had not been provided with any formal training in relation to medication management.

There was no system in place to monitor and learn from medication errors. On review of the administration sheet, the inspector found three errors had occurred which resulted in the resident not receiving their routine medication. The reasons for these errors had been noted, but no follow up had occurred. For example, one error was noted as occurring due to "..supply ran out...", another stated "..disruption in shift cover..". The rationale for these errors had not been investigated or reviewed, and nothing had happened to ensure this would not happen again. There was no clear procedure for staff on what to do if medication was omitted, or the adverse effects this may have on the resident.

Documentation was also in need of address. There was no evidence of prescription records as signed by the prescribing doctor on site. Documentation consisted of a sheet typed by staff which outlined the medication to be taken, and what time. These were ticked and signed by the staff administering. There was no guidance for staff around the transcribing of medication. There was no system in place to ensure medication was given as prescribed, due to no prescription records being held in the centre. The inspector noted a variance in the times of administration of medication. For example, one resident received their evening medication at 6pm on one day, and at 9.45pm on another. Protocols and guidance on the use of PRN's (as required) medication was also in need of review.

Overall, the inspector was concerned that policies, practices and training in relation to medication management was in need of efficient address to ensure safe medication practices going forward. The person in charge endeavoured to plan training in the very near future for herself, and staff who administer medication to residents.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

The inspector found that there was a defined management structure in place. The provider nominee was also the person in charge, who was supported by two care

managers. Monday to Friday the person in charge was who staff directly reported to, as care managers worked shifts on the roster. In the absence of the person in charge, one of the care managers was always the contact point for staff. For example, at weekends.

The inspector found that there was a system of formal communication in place, with weekly staff meetings held in each unit and minuted. The person in charge also met formally with the two care managers on a 3 weekly basis to discuss residents and the units. Staff received regular supervision, along with annual performance appraisals as required by the Regulations.

Improvements were required to the management systems to ensure the centre, and services offered were being effectively monitored and reviewed. There was a lack of oversight in relation to areas such as:

- medication practices and medication errors
- ongoing review of risks
- the implementation of policies and procedures
- learning from incidents and accidents and implementing changes

The actions given in relation to the previous inspection had not been addressed. The inspector found there was still a lack of auditing and review across all aspects of care and support in the centre. The six monthly unannounced inspection, and the yearly review of the quality and safety of the services had not been carried out to date. While residents had been consulted with about their experiences of living in the centre in March 2014, this information was not triangulated with an in depth look at the supporting documentation or policies and procedures.

Overall, improvements were required to ensure the care and support offered in this centre was effectively monitored, reviewed and improved upon.

**Judgment:**

Non Compliant - Major

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector determined that there was an appropriate number of staff in the designated centre. The centre was staffed with social care workers. Two units had one staff member on duty with 5 to 6 residents who were encouraged to be as independent as possible. One unit had two staff for 3 residents with slightly higher support needs. Each unit had one staff on sleep over duty each night. The person in charge was based in a unit of the centre, and worked full time over the week. The person in charge had adjusted the staffing numbers and ratios in one of the units based on the needs of a new resident.

The inspector found that there was access to education and training available to staff in the designated centre, but appropriate training had not been provided in the area of medication management and the safe administration of medication. Training records determined that staff working in the centre had up to date training in mandatory fields such as fire safety, safeguarding and protection, and manual handling. Other training had been delivered to staff to the benefit of residents. For example, dementia in persons with down syndrome which staff had found helpful. The inspector found there to be an evidenced system of supervision and performance review in place in the designated centre, carried out by care managers.

Staff files were reviewed as part of the day, and the inspector was satisfied that the staff files mostly contained the required information as outlined in Schedule 2 of the Regulations. This had been improved upon since the previous inspection, and there was now a clear system for all newly recruited staff to have this information prior to starting their role. There were no volunteers working in the designated centre at the time of inspection. The inspector determined that staff were recruited, selected and vetted in accordance with best recruitment practices.

**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):**

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

implemented.

**Findings:**

The inspector found that the documentation in residents' files in relation to their care and support was organised, and ensured the needs of residents were concisely addressed and met. Residents' documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were mostly in place, with the exception of medication records which were discussed under outcome 12 medication management.

The inspector reviewed the policies as required under Schedule 5 of the Regulations and found that the actions from the previous inspection had not been satisfactorily addressed. At this inspection:

- some policies had not yet been fully written or agreed. For example, policies on the access to education, training and development, staff training and development and restrictive practices
- Some did not effectively guide staff practice. For example, the policy on behavioural support, the policy on safeguarding residents, and the policy on restrictive practices
- Some were not centre specific. For example, medication management

Staffing records were maintained as required and outlined under outcome 17 Workforce.

Overall improvement were required to ensure all policies as required under Schedule 5 of the Regulations were written, and fully implemented in practice in the designated centre.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Louise Renwick



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Peacehaven Trust Ltd
<b>Centre ID:</b>	OSV-0003690
<b>Date of Inspection:</b>	04 February 2015
<b>Date of response:</b>	30 March 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 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:**

The risk management policy did not include the process around recording, investigating and learning from serious incidents or adverse events.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and

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

learning from, serious incidents or adverse events involving residents.

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

Our Health & Safety Team together with the PIC are in the process of addressing the need to include these things in our Risk Management Policy and we expect to have this completed by the end of Mid May 2015

**Proposed Timescale:** 15/05/2015

**Theme:** Effective Services

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

The risk management policy did not include how risks were assessed and managed within the centre.

**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:**

Our Health & Safety Team together with the PIC are in the process of addressing the need to include these things in our Risk Management Policy and we expect to have this completed by the end of Mid May 2015

**Proposed Timescale:** 15/05/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The policy and procedure did not ensure residents were protected from all types of abuse in the centre.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Our Policy will be expanded to detail guidance for staff on the additional forms of potential abuse i.e. financial and emotional. The Policy will be amended to clearly outline the processes of an investigation, including who will carry it out. Training will be offered where necessary.

The guidance aspect for staff in relation to Supporting Residents with Challenging Behaviour will be further developed for clarity. Supports for the resident referred to have been formally reviewed and a Care Plan has been developed for the Resident;

greater interaction with his Day Services team has contributed to developing this. Restrictive Practices Policy to be developed to guide staff.

**Proposed Timescale:** 30/06/2015

### **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:**

There was no system or documentation to ensure resident's were receiving their medication in line with what was prescribed.

A lack of systems around ordering and stock checking of medication had resulted in a medication error occurring due to supply of medication running out for a resident.

**Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

New procedures & documentation are now in place for administering, documenting & reporting of errors in medications to PIC and Managers. Responsibility has been allocated to Keyworkers for monitoring supplies & ensuring that G.P.'s instructions are understood and followed. Investigations & reviews to be carried out by PIC and Managers.

Proposed Timescale: Now in place & looking to improve on-going

**Proposed Timescale:** 30/03/2015

### **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:**

There was a lack of systems in place to ensure the service is effectively monitored. For example, there was no system of ongoing audit and 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:**

PIC taking an active role in management & review of medications. We are in communication with the external Consultants to tie down dates for medication training for both management & staff and considering an on-line training facility for new staff who may join us over time.

Risk management policy is being further developed together with review of incidents, accidents, etc. for the implementation of changes.

**Proposed Timescale:** 31/07/2015

**Theme:** Leadership, Governance and Management

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

A yearly review of the quality and safety of care and support in the centre had not been carried out in line with the Standards, or reported on.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The formal annual review of quality of services is currently in process with residents and will be completed by the end of April 2015

**Proposed Timescale:** 30/04/2015

**Theme:** Leadership, Governance and Management

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

No unannounced inspection had been carried out on the safety and quality of care, including a plan to address any issues found.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

While unannounced inspections by PIC have been taking place regularly (min. of monthly) and any resulting issues addressed, these were not being documented. This is now being recorded as required.

**Proposed Timescale:** 30/03/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff had not received training in medication management.

**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:**

We are in communication with external consultants to tie down dates for medication training for both management and staff.

We are considering an on-line medication training facility for new staff who may join us over time and will look into this for other areas of training where it may be helpful.

**Proposed Timescale:** 30/06/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all Schedule 5 policies were in place and fully implemented.

**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:**

All policies as listed in Schedule 5 will be reviewed with a view to completion no later than 31/8/15

**Proposed Timescale:** 31/08/2015

**Theme:** Use of Information

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

There was a lack of clear documentation in relation to residents' prescribed medication, along with a lack of records of medication errors and adverse reactions.

**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:**

New procedures & documentation are now in place for administering, documenting & reporting of errors in medications to PIC and Managers. Responsibility has been allocated to Keyworkers for monitoring supplies & ensuring that G.P.'s instructions are understood and followed. Investigations & reviews to be carried out by PIC and Managers.

Staff will receive ALL necessary training at the earliest possible date in order to ensure safety of our residents and comply with regulations.

**Proposed Timescale:** 31/07/2015