

**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 The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003440
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	The Cheshire Foundation in Ireland
<b>Provider Nominee:</b>	Mark Blake-Knox
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	3

## **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 compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

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

From: 09 February 2015 10:00 To: 09 February 2015 17:00

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 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 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 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of this designated centre. The purpose of the inspection was to ensure that the service was compliant with relevant legislation, national standards and good practice ensuring that the service provided was in accordance with the service users' assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence. The inspector requested the consent of the service users to enter their home and to review their personal plans and care files. Consent was granted and the inspector examined policies, procedures, personal plans, medical records, accident and incident records, minutes of staff meetings, policies and procedures, staff training records and staff files and observed practices throughout the inspection.

The inspector met with the regional manager, person in charge, service users and staff members during the inspection. Any information received by the Authority about this service and the service delivery was reviewed by the inspector in preparing for this inspection.

On the day of inspection, the inspector noted the centre was welcoming; areas were well lit, well maintained, clean and fresh smelling. There were communal sitting and dining areas separate day space and dining area for service users. All service users had their own individual apartment with en suite bedroom, open plan kitchen-cum dining area. Service users' apartments were individualised with their personal items and service users told the inspector they were involved in the decoration of their individual apartments. Service users could meet with their visitors in private in their own apartments or in one of the communal areas. Staff and service users knew each other well, and service users spoken with by the inspector confirmed that they were happy living in the centre and lived active lives. Comments such as "I like living here", "I get to do lots of things" and "You can talk to the staff any time" were expressed to the inspector.

Overall, substantial compliance was found many of the outcomes. However improvements were required in three outcomes as follows:

Outcome 5 Personal planning

Outcome 7 Risk management

Outcome 12 Medication administration documentation.

Outcome 13 Review of the Statement of purpose

These matters are discussed in the body of the report and outlined in the action plan at the end of this report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Services users had access to an independent advocate. A complaints policy was available. The privacy and dignity of service users was generally respected. All doors to apartments were closed while service users were being assisted. The inspector observed staff knock and wait for a response before entering apartments. Service users could meet visitors in private in their own individual apartments or in one of the communal sitting/dining rooms.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Where relevant, service users had an assessment of their communication needs and a

communication care plan was in place. Staff demonstrated their knowledge of service users' communication needs and was familiar with service users' likes, dislikes and choices. There was evidence that where service users required input from speech and language therapy services in relation to setting up communication aids/tools, this was organised. Occupational Therapy (OT) assessments and reports were included in the service users' care documentation; OT recommendations were included in service users' care plans with regard to communication also. Service user participation in activities was recorded in the daily progress notes and included detail of service users' involvement in same. A telephone point was available in each service user bedroom and a television was available in all service users' bedrooms and sitting areas.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

All service users living in the centre had personal plans in place. These plans were comprehensively completed and had information relating to service users' health care needs, communication needs, assistive devices, social care needs and goals and aspirations for the future.

The inspector found from speaking with staff and service users that staff supported service users to maximize their independence and encouraged them to make decisions and choices about their lives. Service users were able to tell the inspector how they spent their day and how they went to activities in the centre and outside the centre. There was good use of non verbal communication systems developed in the centre. Each service user has an individualised assessment of need, support plan and person centre plan. Action plans and risk assessments were devised according to the findings of the assessments; however there was a need for greater evidence of consultation with the service user and their significant other. Also while goals were set there is a requirement to have a system in place to ensure goals are regularly reviewed and to chart their progress.

<b>Judgment:</b> Substantially 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.*

**Theme:**  
Effective Services

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

**Findings:**  
The designated centre comprised of a single storey building with offices located on entry and residential accommodation located as a cluster around the centre. Service users' accommodation comprised of 12 one bedroom individual self contained apartments. A kitchen cum dining room and large sitting room completed the structural layout. Each apartment was well furnished for independent living for example a fridge, microwave and washing machine was available in each apartment.  
  
Apartments were person centred and decorated in accordance with service users' wishes. Service users told the inspector they had control over the decor of their apartments. The centre was clutter free and had wide corridors to accommodate service user's equipment and ensure safety.

**Judgment:**  
Compliant

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

**Theme:**  
Effective Services

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

**Findings:**  
While a risk management policy was available this was not comprehensively reviewed by

the inspector. A safety statement was in place but this had not been reviewed in the last year. Lifting equipment was last serviced on 27 January 2015.

Individual clinical risk assessments were in place for service users. These related to support with eating and drinking where a resident had an identified risk of choking and mobility issues. Up to date manual handling risk assessments were in place for service users requiring the use of hoists. The inspector reviewed staff training records and found that staff had received training in safe moving and handling. A register of identified risks was maintained and control measures were documented to mitigate the risk identified. Adequate infection control measures were in place. Hand gels were strategically placed around the centre.

Fire safety was well managed with evacuation exits clear and unobstructed, directional maps to the nearest exit and personal evacuation plans were in place for all service users. Fire drills had occurred three times in 2014 and one had been carried out at night time however fire drill records need to be more comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate, any environmental factors are recorded and deficits addressed in subsequent drills. Fire fighting equipment had been serviced within the last year. A pull alarm bell was available in each bedroom, sitting room and toilet.

A maintenance person was available and the inspector noted that any maintenance issues were swiftly actioned. Accident and incidents were recorded and measures were put in place to prevent re-occurrence. The inspector noted that the temperature of the water in the taps was hot. This was discussed with the person in charge who confirmed there were no thermostats on the showers. This does not protect the resident as they could turn up the temperature or if staff has to supervise the service user as a result, this does not support the service users having the highest possible level of independence. The centre recently completed legionella sampling which was clear.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

The inspector was satisfied that measures were in place to protect service users being harmed or suffering abuse. There was a policy in place on the prevention, detection and response to abuse and all staff had received adult protection training. Service users told the inspector that they felt safe and were well cared for by staff. The person in charge outlined the procedures they would follow should there be an allegation of abuse, she voiced a firm opinion that the welfare of the service user was paramount.

There was a policy in place guiding the management of behaviours that challenge. Staff informed the inspector saw that there was no service displaying behaviour that challenged at the current time. The inspector reviewed how service users' finances were managed in the service users bedroom. An organisational policy entitled supporting service users to manage their own money was available. A money management support plan was in place. Some service users had control over their finances. Where staff assisted residents to manage their finances receipts were available and a record of money received and money spent was available. The service users' accounts are audited monthly by management at head office. Documentation was not clear as to ensure that some service users' finances were being managed in line with their wishes and informed consent and their capacity to make informed judgements.

A policy to guide staff in the use of restrictive practices was in place. Some service users due to the extent of their physical frailty required safety straps to sit in wheelchairs. The person in charge informed the inspector that the ethos of the centre was to promote a restraint free environment. Some of the beds had integrated bed rails, these were seen as enablers and used as part of the service user's assessed need and a care plan was in place supporting their use. Risk assessments were in place to support safe use of these.

**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):**

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

**Findings:**

The person in charge was maintaining records of all accidents and incidents in the centre. All incidents that required notification to the Authority as required by the Regulations have been submitted.

**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):**

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

**Findings:**

Service users receive input from a multidisciplinary team and the local acute general hospital which is located directly beside the centre. This incorporates psychiatry, nursing, occupational therapy, pharmacy, physiotherapy, psychology and behavioural support, dietetics, podiatry and speech and language therapy. Service users have access to on-site day care services. An advocacy service is also available. There was also good support from local general practitioner services.

There was poor recording of evidence of relative/significant other involvement in the service users' care documentation. There was good recording of access to multi-disciplinary planning meetings. Care documentation reviewed evidenced that patient's views had been sought prior to multi-disciplinary meetings. There was evidence that staff had met with service users after the meeting to discuss the outcome, service users also had the opportunity to attend meetings.

The inspector observed that staff treated service users with dignity and respect. There was evidence of resident outings and therapeutic activities in the centre. Best possible health care plan was in place for each service user which documented that the aim on the care plan was to ensure quality and continuity in the delivery of care and to record decisions in conjunction with the service users, family, and or representatives regarding the planning of care. Where service users had epilepsy a seizure record chart and protocol for the safe management of epilepsy was in place.

An appointment log as to when bloods any physical investigations were completed was in place. Also there was good availability of referral letters to and from the local general hospital. An ethos of health promotion was in place, for example, female service users had access to mammograms and cervical screening

**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):**

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

**Findings:**

Medications for service users were stored safely in a locked cupboard in each apartment. No service user was self medicating at the time of this inspection.

A policy relating to the procedures on the administration, storage and disposal of medication was in place. On reviewing the accident and incident records the inspector noted that a high percentage of these records related to medication documentation errors. The inspector spoke with the area manager and the person in charge with regard to this issue. A plan has been developed by the organisation to address this issue. All staff is to undergo revised medication management training. This training will be specific to the needs of each centre. This is due to commence in March 2015. Post training competency assessments will be completed. The medication audits which were completely jointly by the pharmacist and the person in charge will be enhanced to ensure they capture this practice.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations

2013.

For example, it did not reflect information regarding the following:

- A description (either in narrative form or a floor plan) of the communal rooms in the designated centre including their size and primary function
- The arrangements made for residents access education, training and employment

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. The Person in Charge worked full-time and was a suitably qualified, skilled and an experienced person. She had worked as the manager of the centre for eight years. Prior to this she had worked in disability residential and community care services in Scotland for 20 years five years of which was as a manager. She is currently completing her registered manager's award.

The regional manager who is based in Galway was available in the centre on the day of inspection. The person in charge meets with the regional manager every two months. She said he was supportive and he was freely accessible on the phone.

The person in charge displayed a positive attitude towards compliance and was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users. There was clear evidence of service users' satisfaction with the person in charge and she interacted well with them. She displayed a good awareness of the respecting the human rights of service users and was keenly aware of the need to ensure service users were not deprived of their liberty. A positive risk taking model was in place to ensure service users could achieve their wishes and aspirations.

She reported directly to a Regional Manager who reports to the provider representative

who is based at head office in Dublin. The inspector was informed that an on-call arrangement was in place out of hours to support staff. Audit systems were in place but no annual review of the quality and safety of care in the centre was completed.

**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):**

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

**Findings:**

A senior case worker/nurse deputises in the absence of the person in charge. An on call arrangement out of hours was in place where a manager was available for advice and support.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that staffing levels were suitable to meet the needs of the residents. A staffing roster showing staff on duty was available. The inspector noted that to ensure continuity of care staff absences were covered by existing staff working extra

hours (most staff worked part-time). The staff members on duty were pleasant and welcomed the inspector. The inspector observed that the staff members knew service users well and could communicate well with service users.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed two staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. The organisation provided education and training to staff to enable them to provide care that reflects evidence based practice. All staff had received training in adult protection, manual handling and fire safety. Other training undertaken by staff during the last year included urinary incontinence training, AED heart saver course, epilepsy training and administration of buccal midazolam. Nursing staff stated that service users were well cared for and that the centre had a "very therapeutic environment" and all service users are treated as individuals.

While nursing and non nursing staff had undertaken training in the management of medication, there had been a number of medication documentation errors identified by the person in charge and regional manager prior to the inspection. It was recognised by management that medication management training needed revision to ensure it provided staff with the necessary skills to carry out safe practices.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Mary McCann  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003440
<b>Date of Inspection:</b>	09 February 2015
<b>Date of response:</b>	21 April 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 05: Social Care Needs

**Theme:** Effective Services

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

While goals were set there is a requirement to have a system in place to ensure goals are regularly reviewed and to chart their progress.

**Action Required:**

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

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

Personal plan template currently in use to be reviewed / amended to include section for regular review, updates and section for signature and date of review.

The Service Manager and Nurse will liaise with Cheshire Irelands Regional Clinical Educational Facilitators each quarter on file audits including review of care needs and personal plans.

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

**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:**

Fire drill records need to be more comprehensively completed to ensure any impediments to safe evacuation including length of time to evacuate, any environmental factors are recorded and deficits addressed in subsequent drills.

**Action Required:**

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

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

Service Manager to review all Fire Drill Observation sheets following each fire drill to ensure they are fully completed

Service Manager to review fire safety audit report of 4th March 2015 (carried out by Cheshire Irelands National Risk Management/Health & Safety Co-ordinator) to ensure all issues identified / recommendations are addressed.

Service Manager to review the Ancillary Safety Statement to ensure that all the current policies are in place and that any procedures or safety issues specifically relating to Donegal Cheshire are included in the Ancillary Safety Statement. The review will be documented on the Review/Revision page along with any new or revised documents that are included or replaced in the Ancillary Safety Statement.

Service Manager to seek a quote for fitting the existing showers with thermostatic control units (or for replacing them if this is not possible).

**Proposed Timescale:** 01/06/2015

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Documentation was not clear as to ensure that some service users' finances were being managed in line with their wishes and informed consent and their capacity to make informed judgements

**Action Required:**

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

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

Money management plans to be reviewed for all service users to ensure documentation regarding individuals support needs in this area is comprehensive and provides clarity to both the service user/their representatives and the staff

**Proposed Timescale:** 31/05/2015

## 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:**

A high percentage of records for accident and incidents, related to medication documentation errors.

**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:**

The Clinical Service Support team will provide training for all care staff in the safe administration of Medication in mid-May.

Cheshire Ireland is introducing a comprehensive peer based medication systems clinical audit program across the organisation.

Care staff and nursing staff will be trained to operate this audit program by June 30th.

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

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not reflect information regarding the following:

- A description (either in narrative form or a floor plan) of the communal rooms in the designated centre including their size and primary function
- The arrangements made for residents access education, training and employment

**Action Required:**

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

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

The current statement of purpose will be amended to ensure all information set out in Schedule 1 of the Health Act 2007 is contained in the document

**Proposed Timescale:** 26/04/2015

### **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:**

No annual review of the quality and safety of care in the centre was completed

**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:**

A quality and safety audit will be carried out in Donegal Cheshire in the coming months and a report will be produced by the auditor (who will be a member of staff external to Donegal Cheshire) outlining areas of good practice and opportunities for improvement. This report will be reviewed and approved by the Registered Provider prior to its circulation to the Service Manager and relevant individuals. Following this an action plan will be developed by the Service Manager and Regional Manager to ensure

all areas of non-compliance are addressed. Progress around meeting the actions required will be monitored by the Service Quality Officer / Registered Provider

**Proposed Timescale:** 15/08/2015