<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002393</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>Maureen Hefferon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jim Kee</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

▪ to monitor compliance with regulations and standards

▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge

▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 07 May 2015 09:30  To: 07 May 2015 16:45

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

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<tr>
<th>Outcome</th>
<th>Description</th>
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<td>01</td>
<td>Residents Rights, Dignity and Consultation</td>
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<td>05</td>
<td>Social Care Needs</td>
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<td>07</td>
<td>Health and Safety and Risk Management</td>
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<td>08</td>
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<td>17</td>
<td>Workforce</td>
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Summary of findings from this inspection
This was the first inspection of this community based residential centre by the Health Information and Quality Authority (the Authority). The inspection was unannounced and purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

This inspection was of a community based residential centre based in North County Dublin, run by St. Michael's House. The designated centre consisted of a residential house, and on the day of inspection was providing long term care to five adults, and respite care to one adult. The inspector met with residents and staff, observed practice, and reviewed documentation including care plans, medical records, policies and procedures, and staff files.

Nine outcomes were reviewed as part of this inspection, and evidence of good practice was found across all outcomes, and overall the inspector found that residents were offered a good quality service. However, the inspector found that there were aspects of the service that needed improvement. Three outcomes were found to be in moderate non compliance with the Health Care Act 2007 (Care and
Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. These moderate non compliances related to the areas of social care needs, medication management, and the statement of purpose also required revision to comply with the Regulations.

The Outcomes on healthcare needs, health and safety and risk management, safeguarding and safety, governance and management, workforce, and the aspect of residents rights, dignity and consultations relating to complaints were deemed to be compliant with the Regulations.

The action plans at the end of the report identifies those areas where improvements were required in order to comply with the Regulations.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The only aspect of this outcome examined during the inspection process related to the management of complaints within the centre. The inspector found that there was an effective system in place to manage complaints within the centre.

The inspector reviewed the complaints folder maintained within the centre. All complaints were recorded on specific forms, and records of all correspondence and meetings were available for review. The complaints management form detailed the steps taken to resolve the complaint, the outcome, and recorded if the complainant was satisfied with the outcome. The person in charge explained that if possible complaints were resolved at a local level.

The centre policy and procedure for resolving complaints and concerns of servicer users and families was reviewed, and the complaints process was displayed in the kitchen in pictorial format. The inspector was informed that the national advocacy service had visited the centre and met with residents.

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:
Overall residents' wellbeing and welfare was seen to be maintained by a high standard
of care and support. The inspector reviewed a number of the residents' personal plans,
that included individual plans outlining the residents' goals, and care plans that
addressed residents' health, personal and social care needs. A summary of important
information for residents was maintained inside the front cover of the personal plans to
ensure easy retrieval. However there was limited evidence in the personal plans
reviewed to indicate that the effectiveness of the plans had been assessed during the
review process. Annual review of all aspects of personal plans as required by the
Regulations was not being completed for all residents. There was also limited
documentation within some of the personal plans to indicate appropriate planning,
follow up, and progress in achieving the goals within an agreed timescale.

Each resident had an assigned keyworker, or in some cases two keyworkers who were
responsible for preparing the personal plans in consultation with the resident, and their
representatives where appropriate. The personal plan for one particular resident was
reviewed by the inspector, and identified three current goals, including an overnight stay
in a hotel, and attendance at a class or activity external to the centre. The plan did not
identify the necessary steps involved in achieving the goals within an agreed timescale,
or the support necessary to enable the resident to progress the goals. There was no
progress documented within the plan to indicate progress to date. However, staff
informed the inspector that a number of external activities and classes had been
examined for suitability for the resident in question, and that the resident's attendance
at a musical had been organised and an overnight stay in a hotel would be arranged as
part of this activity. Recently updated personal well being plans covering a wide range of
assessed needs were in place for this resident, including relationships and choices, home
life, nutrition and emotional well being, and various health and personal hygiene needs.

The personal goals for one resident, as outlined in his individual plan had not been
reviewed since March 2014. There was no documented review of this resident's personal
plan that included an assessment of the effectiveness of the plan.

Personal plans provided in an accessible format were reviewed for two residents, and
these consisted of pictures and photographs illustrating the residents' individual goals.

On the day of inspection five of the residents were attending day services. The centre
had access to shared transport with another centre in the locality. Staff with whom the inspector spoke were very knowledgeable regarding the residents' individual preferences, interest and abilities and outlined a variety of activities in which residents participated, including swimming, attending sporting events, shopping, and trips to the cinema.

Judgment:
Non Compliant - Moderate

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:
There were measures in place within the centre to promote and protect the health and safety of residents, visitors and staff.

There were policies and procedures in place for risk management, emergency planning, and health and safety within the centre. The inspector reviewed the most recent health and safety statement. Risk assessment forms had been completed in a number of areas including: slips, trips and falls, challenging behaviour, self harm, unexpected absence of resident, manual handling, fire, food safety, administration and storage of medicines, infection control, and lone working. The person in charge outlined that further documentation relating to risk management within the centre was in the process of being developed. Health and safety reviews were conducted by the services manager, and regular health and safety checks were conducted within the centre, which included a follow up action plan naming person(s) responsible for completing any necessary actions, and a specific timeframe for completion of required tasks. A record of all incidents occurring in the designated centre was maintained and kept under review by the person in charge.

The fire evacuation plan was displayed in pictorial form within the centre, and staff spoken to by the inspector were knowledgeable of the evacuation procedure, and the residents who required verbal prompting. Staff attended annual fire safety training. Personal evacuation plans were in place for residents, and regular fire drills were conducted. Records were available to confirm that all fire equipment including fire extinguishers, and the fire alarm system were serviced on a regular basis. The emergency lighting system had been recently serviced by a service engineer.

The centre had an emergency plan which outlined procedures to be followed in the event of loss of electricity, water or heating, and also in the event of flooding or a gas
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:
Inspectors found that measures were in place with regard to the safeguarding of residents.

Measures were in place to protect residents from being harmed or suffering any form of abuse, including a policy outlining measures to prevent, detect and respond to any allegation of abuse. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, and had attended training on safeguarding residents. Intimate care plans were in place for residents who required support with personal care. All observed interactions between staff and residents were respectful, and residents appeared very much comfortable and at home within the centre.

The person in charge confirmed that restrictive practices in operation within the centre related to the use of a cot side for one resident who availed of respite care, and this practice had received approval from the positive approaches monitoring group within St Michael's House, and was fully discussed with the resident's family. There was a detailed policy in place for the provision of positive behavioural support, and the inspector reviewed one positive behaviour support plan for a resident who sometimes exhibited challenging behaviour. The plan had been developed in association with a clinical psychologist, and included details on staff responses and supports, and the use of a low arousal approach to manage such behaviour. The use of PRN (as required) psychotropic medication as part of the management of anxiety, and any associated challenging behaviour was regularly reviewed by the psychiatrist.

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:**
The inspector found that the residents were supported to access health care services, and that staff supported residents on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of the residents' files and found that personal wellbeing care plans were in place for assessed health care needs such as pain management, nail care, nutrition, emotional wellbeing and mental health supports. Review of clinical contact sheets evidenced access to general practitioner (GP) services, specialist clinical services such as neurology, cardiology and psychiatry, and allied health care services including physiotherapy, speech and language, psychology and chiropody. On the day of inspection staff promptly arranged for a respite resident, who reported feeling unwell, to attend the doctor later that day. Staff were also observed discussing results from recent medical tests with the resident concerned in a discreet manner.

Residents were involved in planning the weekly evening meal menu within the centre, and the menu was on display in the kitchen. The inspector was shown recipe books and pictures used to assist residents in making their food choices. On the day of inspection one resident was assisting staff to prepare the evening meal. Information and support in relation to healthy eating was provided to residents. Staff were knowledgeable of the food and drink consistency, as recommended by the speech and language therapist, for one resident who had swallowing difficulties.

**Judgment:**
Compliant

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

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

Findings:
There were written operational policies implemented within the centre relating to the ordering, prescribing, storage and administration of medicines to residents. However, the inspector found deficiencies relating to certain medication management practices, including the information provided regarding the use of certain PRN (as required) medicines, and lack of comprehensive audit of practice within the centre.

Medicines were supplied by a retail pharmacy business in original packs, and all medicines were stored securely within the centre. A fridge was available in the staff office/bedroom for any medicines that required refrigeration. All medicines received from the pharmacy were checked by staff, and drug audit records were maintained for all medicines. However, these audits only checked for discrepancies in the quantities of the medicines, and did not include any monitoring of medication management practices. There was no system in place in the centre to comprehensively review all aspects of medication management. Staff received training on the safe administration of medicines every two years. Dates of opening were marked on prescribed creams to indicate their subsequent expiry dates. Staff were aware of procedures to be followed for disposal of unused and out of date medicines. All medication errors were recorded on drug incident/error forms and submitted to the organisation's head office, and were also discussed at staff meetings to ensure appropriate learning could occur.

The inspector reviewed a number of the medication prescription and administration sheets, and there was evidence of review by the prescriber. The labelled instructions on the pack of one prescribed medicine differed from that on the prescription sheet, and although staff were aware of the correct dose, this practice could lead to confusion and possible medication errors.

The PRN medicines on a number of the prescription sheets were also reviewed, and the indications/conditions for use, the time interval between doses, and the maximum dose to be administered in 24 hours were detailed. However, the guidance documents available to staff to ensure safe administration of one medicine used in the event of epileptic seizures for one resident contained conflicting information that did not match the prescription, regarding the name of the medicine, the time at which the medicine was to be administered and the quantity to be administered.

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.
Leadership, Governance and Management

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

Findings:
The inspector reviewed the statement of purpose, provided on the day of inspection and found that the document had not been reviewed within the last year, and did not contain all of the information as specified 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.

The statement of purpose set out the values and aims of the centre, and detailed the services to be provided for residents. There was insufficient information provided within the statement of purpose regarding the criteria used for admission to the designated centre, including emergency admissions and respite care. There was also insufficient information available in the document relating to arrangements for residents to access education, training and employment. The description of all rooms within the centre, including their size was not sufficiently clear.

The statement of purpose was accessible to residents in the centre.

Judgment:
Non Compliant - Moderate

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:
Management systems were in place to ensure that the service provided within the centre was safe, appropriate to residents' needs, consistent, and effectively monitored.

There was a clearly defined management structure in place, which identified the lines of authority and accountability in the centre, with a clear emphasis on professional
conduct. Staff were supervised on an appropriate basis, with the person in charge conducting one to one supervision meetings with staff on a regular basis. Monthly staff meetings were held to discuss a variety of issues including residents' progress with personal goals.

The inspector reviewed the most recent report on the unannounced six monthly review of health and safety, and the quality of care and support provided in the centre. This unannounced visit had been conducted in November 2014 by the services manager, on behalf of the registered provider. The review was structured and comprehensive, and contained an action plan to address identified areas of concern. The services manager informed the inspector that the annual review of the quality and safety of care and support in the centre was scheduled to be completed within the next few months, and the template for this review was made available to the inspector.

The inspector found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, providing good leadership to staff, was well known to residents, and was clearly resident focused. The person in charge worked full time in the centre and had been involved in managing centres for over 10 years, with qualifications in social care and management, and at the time of inspection was undertaking further education to obtain further management qualifications. The person in charge demonstrated good knowledge of the legislation and associated statutory responsibilities throughout the inspection. Management meetings involving the person in charge and the services manager (who reported to the provider nominee) were held every six to eight weeks.

**Judgment:**
Compliant

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### 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 the levels and skills mix of staff were sufficient to meet the needs of residents at the time of this inspection.

The inspector observed that staff on duty during the inspection were familiar with the
needs of the residents, and provided care in a considerate and respectful manner. Staff rosters were reviewed, and there was at least one member of staff on duty at all times during the day in the centre, while at night only one member of staff was present on sleepover. The staff employed in the centre were social care workers, with one nurse employed on a part time basis. Regular relief staff were available to ensure continuity of care, and the person in charge informed the inspector that staff facilitated this continuity of care with flexibility in their rostered hours. One staff member was designated as being in charge in the temporary absence of the person in charge. Staff had up to date mandatory training in place. There were no volunteers working in the centre at the time of inspection.

Staff files reviewed as part of the inspection met the requirements of Schedule 2 of the Regulations.

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:

Jim Kee
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: A designated centre for people with disabilities operated by St Michael's House
Centre ID: OSV-0002393
Date of Inspection: 07 May 2015
Date of response: 04/06/2015

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:
The personal goals for one resident, as outlined in his individual plan had not been reviewed from March 2014

Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
The PIC will organise a full review for the resident whose plan had not been reviewed since March 2014 and will ensure review dates are included quarterly in all Individual Plans and that they will be reviewed annually.

Proposed Timescale: 12/06/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of residents' personal plans had no documented assessment of the effectiveness of the plan.

Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
As part of the quarterly review the key-workers will communicate with the resident and/or a family member to assess effectiveness of each plan taking into account changes in circumstances and new developments. Records of the quarterly reviews will be reviewed by the PIC.

Proposed Timescale: 12/06/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plans did not consistently identify the support necessary to enable the resident to progress the goals.

Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
The PIC will ensure the supports necessary to enable the resident to progress the goals are identified in the Personal Plans.
Proposed Timescale: 31/07/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plans did not consistently identify the necessary steps involved in achieving the goals within an agreed timescale.

**Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
The PIC and key-workers will review the Personal Plans and will identify and document necessary steps involved in achieving the goals within an agreed time frame. These will be reviewed quarterly by key-workers and the PIC.

Proposed Timescale: 31/07/2015

**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 in place in the centre to comprehensively review and monitor all aspects of medication management.

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

**Please state the actions you have taken or are planning to take:**
The PIC and Staff Team will continue to adhere to the organisations Safe Administration of Medication Policy and the Storing and Disposing of Medication Policies.

The PIC and Staff Team will continue to audit medication on a weekly basis.

In addition the PIC will put in place an appropriate system to establish a further auditing process to comprehensively review and monitor all aspects of medication management on a quarterly basis. The organisations Health & Medical Trainer will devise a template and provide support and training for the implementation of this in the designated centre.
Proposed Timescale: 30/06/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The labelled instructions on the pack of one prescribed medicine differed from that on the prescription sheet, and although staff were aware of the correct dose, this practice could lead to confusion and possible medication errors.

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

Please state the actions you have taken or are planning to take:
The PIC and Staff Team will ensure instructions on dispensed medicines are correct at the time of collection and match the Prescription Sheet from the GP. On receipt of new prescriptions from the dispensing pharmacist the PIC and Staff will audit and record medication as per the Safe Administration of Medication Policy. The PIC will ensure Medication Administration Sheets are updated appropriately to reflect changes made by the prescriber.

Proposed Timescale: 12/06/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The guidance documents available to staff to ensure safe administration of one PRN (as required) medicine, used in the event of epileptic seizures for one resident contained conflicting information that did not match the prescription, regarding the name of the medicine, the time at which the medicine was to be administered and the quantity to be administered.

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

Please state the actions you have taken or are planning to take:
The PIC will ensure updated guidelines for PRN medication are available in the designated centre.
### 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:**
There was insufficient information provided within the statement of purpose regarding the criteria used for admission to the designated centre, including emergency admissions and respite care. There was also insufficient information available in the document relating to arrangements for residents to access education, training and employment. The description of all rooms within the centre, including their size was not sufficiently clear.

**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:**
On behalf of the Registered Provider the PIC and Service Manager have updated the Statement of Purpose to meet the regulations.

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### Proposed Timescale: 04/06/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector reviewed the statement of purpose, provided on the day of inspection and found that the document had not been reviewed within the last year.

**Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
On behalf of the Registered Provider the PIC and Service Manager will ensure the Statement of Purpose is reviewed and revised annually or sooner if needed.

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### Proposed Timescale: 04/06/2015