Health Information and Quality Authority Regulation Directorate

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

| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Clare |
| Centre ID: | OSV-0004889 |
| Centre county: | Clare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Ireland |
| Provider Nominee: | Eamon Loughrey |
| Lead inspector: | Louisa Power |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 4 |
| Number of vacancies on the date of inspection: | 0 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
06 August 2015 09:00 06 August 2015 18:25
07 August 2015 09:00 07 August 2015 14:45

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

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

Summary of findings from this inspection
The inspection was an announced registration inspection, took place over two days and was the first inspection of the centre by the Authority. As part of the inspection process, the inspector met with the provider nominee, person in charge, persons participating in management, residents, relatives and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The documentation submitted by the provider as part of the application process was submitted in a timely and precise manner and was examined prior to the inspection. Questionnaires completed by residents and their representatives were also reviewed; the feedback was positive and is
Overall, the inspector found that residents received support that was individualised and person centered; their social and health care needs were met. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Residents reported to be well-cared for, happy and content. Residents were supported to participate in meaningful activities within the centre, appropriate to their individual preferences and abilities; residents’ independence and ability to communicate were maximised and residents were supported to develop and maintain family and community links. Residents were consulted with and participated in decisions about their care. Access to advocacy services was provided.

A number of additional improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report and include:

- assessment and personal planning practices
- medicines management
- review of documentation, including fire safety, to ensure accuracy and completeness
- implementation of formal supervision for all staff
- use of evidence based tools.
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:
Residents and relatives with whom the inspector spoke stated that they felt safe and spoke positively about their care and the consideration they received. Residents and relatives outlined that the staff were readily available to them if they had any concerns. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

The inspector observed that residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre. Minutes of regular advocacy meetings attended by a representative from the centre were made available to the inspector. The meetings took place on a quarterly basis and issues such as transition of residents and social events were discussed. Feedback at these meetings was communicated to the local management teams.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. The inspection took place during holiday time and the inspector observed that residents were facilitated to have a lie in. Residents were encouraged to choose their activities for the day including shopping trips and visiting local places of interest. When a resident refused to attend the planned activity for the day, the inspector observed that the resident's right to choose was respected and an alternative activity of the resident's choice was made available.
The inspector observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Each resident had a key to their bedroom and staff were observed to knock before entering. An en-suite was provided for each resident to ensure that privacy and dignity was maintained during personal care.

Residents' personal communications were respected and residents had access to a telephone. Some residents had access to a personal mobile telephone. The inspector observed that residents and their visitors were given space to chat freely.

There was a complaints policy which was also available in an accessible format. The policy was displayed prominently in the entrance hall. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints. The complaints form had been recently updated to include whether the complainant was satisfied. The investigation undertaken in response to a complaint from a family member in 2014 in relation to unfamiliar staff was thorough, comprehensive and prompt. The actions taken by the person in charge were adequate; the inspector met the complainant during the inspection who confirmed that the complaint had been resolved in a timely and satisfactory manner.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Residents were supported and encouraged to do their own laundry with adequate facilities available. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. Money competency assessments were completed annually for each resident which outlined the supports and training needs, if any, required.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to attend religious services in line with their wishes.

**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:
Residents were facilitated to communicate in line with the centre-specific policy, reviewed in April 2014. Residents had diverse communication needs; some residents did not use verbal communication.

Personal care plans viewed by the inspector outlined individual requirements, interventions and goals in relation to effective communication. Staff demonstrated an awareness of the different communication needs of residents and implemented the information contained in personal care plans. Residents had access to specialist input from speech and language therapists who completed comprehensive communication assessments. Interventions recommended following these communication assessments had been incorporated into residents' personal plans. For example, staff were knowledgeable in relation to the meaning of a resident's signs and gestures, had developed a communication book using a picture based system and used communication visual aids and cues to ensure that the resident could communicate effectively.

Residents were facilitated to access assistive technology, aids and appliances, including tablet technology, to promote their full communication capabilities. Staff were knowledgeable in the use of the tablet technology and the various applications used for communication.

The centre was part of the community. A resident’s relative visited weekly and delivered the local newspaper. Residents had access to a TV in the communal sitting room and some residents had a TV in their bedroom.

Judgment:
Compliant
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents.

Positive relationships between residents and family members were supported. Many residents spent weekends and holidays with family. Residents were facilitated to keep in regular contact with family through telephone calls and the inspector observed that family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and the inspector saw that families were kept informed of residents’ well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

The inspector reviewed the policy in relation to visitors, which had been reviewed in April 2014. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

A flexible and tailored day service was provided for residents within the centre. The inspector reviewed residents' activity schedules and saw that residents were facilitated to participate in a range of activities in the local and wider community including meals out, Special Olympics training and events, visiting the library, local knitting group and availing of gym and leisure facilities. Residents were supported to shop and use services locally. Residents were assisted to access education and volunteering opportunities in the local community.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
The policy on admissions, transfers and discharge or residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement
of purpose which indicated that residents with mild to moderate disabilities who require support by day and a sleepover by night are considered for admission.

The inspector reviewed documentation that outlined the recent transfer of a resident from another centre. The inspector spoke with the resident who outlined that arrangements had been made for visits prior to transfer and meet other residents, the resident had been involved in choosing the décor and furniture for his bedroom and that he was happy living in the centre.

Residents already living in the centre were informed in advance of the transfer and did not express any concerns. The inspector observed that the resident had settled in well and supports were in place to meet his assessed needs. The resident had made friends with other residents and there was a pleasant amiable atmosphere in the centre.

Written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The fees and additional charges were included in these agreements. The contracts were also available in an accessible version.

**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:**
The inspector reviewed a sample of personal care plans and it was clear that residents were consulted with and participated in the development of personal plans. An individual personal plan (IPP) had been developed for each resident which included a comprehensive life story, family support network and important background information. An individualised personal care plan (PCP) had been developed for each resident which outlined resident’s needs in many areas including health services, education, life long learning and employment support services, social services, personal support network,
transport and mobility. Goals and objectives were outlined in the PCPs viewed. There was evidence of residents’ involvement in agreeing/setting residents’ goals. There was also evidence of individual goals having been achieved. However, the inspector noted that a number of the goals outlined focussed on continuing to support residents in activities in daily living such as providing support with laundry and meal preparation and sustaining existing leisure activities. The person responsible for supporting residents in pursuing goals was not always clearly identified. Some of the goals outlined were not specific. For example, goals outlined for a resident included looking out for jobs, perhaps completing a financial transaction and foster friendships. The lack of definite goals could lead to residents not maximising their personal development.

A discovery document was used to assess the health, personal, social care and support needs of each resident annually and formed the basis of the PCP. The inspector reviewed a sample of discovery documents and saw that some were comprehensive and person centred. However, the inspector saw inconsistencies in the completion of this document especially for residents who required supports to communicate effectively. The document provided prompts to aid the assessment process but the inspector noted that there were gaps in some aspects or incomplete information had been included.

The person in charge confirmed that PCPs were subject to a review on an annual basis or more frequently if circumstances change. The inspector saw evidence that the review was carried out with the maximum participation of each resident. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. There was evidence of multidisciplinary team involvement including physiotherapy, speech and language therapy, general practitioner (GP), occupational therapy, psychiatry and psychology services. There was evidence that the recommendations and input of the multidisciplinary team were reviewed and discussed at the annual review. Changes in circumstances and new developments were included in the PCP and amendments were made as appropriate.

The PCP was made available to each resident in an accessible format in line with their needs. The inspector saw that tablet technology had been used to communicate the information contained in a PCP to a resident.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of residents including communication, personal care and healthcare.

As outlined in outcome 4, residents were supported moving between services and planned supports were in place on transfer.

**Judgment:**
Non Compliant - Moderate

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**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 design and layout of the centre was in line with the centre's statement of purpose and met residents’ individual and collective needs in a homely and comfortable way. The centre was a purpose built six bedroom detached bungalow located in a residential setting. There was a large front garden with a pleasant seating area and parking to the rear.

There was adequate private and communal space for residents. Each resident had their own en-suite bedroom which was personalised with the resident's choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample built-in storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including a large sitting room and an open plan kitchen-dining area. All rooms were of a suitable size and layout for the needs of residents.

There were adequate sanitary facilities provided throughout. En-suite facilities contained a toilet, sink and shower. Suitable adaptations such as grabrails were provided as appropriate. A bathroom was also available with a bath, sink and toilet.

The centre was clean, suitably decorated and well maintained. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of waste.

**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:
Overall, the provider was committed to protecting and promoting the health and safety of residents, staff and visitors. The inspector noted that a proactive approach had been implemented in relation to risk management. However, some improvements were required in relation to documentation of fire checks, updates of personal evacuation plans and refresher fire training.

There was a health and safety statement in place which was last reviewed in September. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in October 2014. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspector saw that there was a comprehensive emergency plan in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. A quarterly review was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions.

A quarterly health and safety was completed, most recently in July 2015, which included a review of fire safety, first aid, lighting, equipment, electricity, chemical safety and manual handling. The audit identified pertinent deficiencies and actions emanating from the audit were completed in a timely manner.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The fire panel was serviced on a quarterly basis, most recently in July 2015. Fire safety equipment is serviced on an annual basis, most recently in May 2015. Emergency lighting had been serviced annually, most recently in August 2015. Fire drills took place at least every six months and a detailed description of the fire drill, duration, participants and any issues identified were made available to the inspector. Records of daily and weekly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. However, the inspector
noted that gaps were evident in the completion of this documentation. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire but the training matrix made available to the inspector indicated that some staff required refresher fire training.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. The inspector observed that a PEEP was due to be reviewed in May 2015 and there was no documentary evidence that a review had taken place.

A hoist was available in the centre but was not routinely required. The hoist was serviced in line with manufacturer's guidelines and staff demonstrated a good understanding of the use of the hoist. However, the training matrix indicated that a staff member had not completed training in moving and handling of residents; this is covered in outcome 18.

A policy was in place for the prevention and control of infection, reviewed in September 2014, which was comprehensive and would effectively guide staff. The centre was visibly clean, personal protective equipment (PPE) was provided and there were adequate hand sanitising and washing facilities. Hand hygiene training was provided for all staff. However, the inspector observed that the temporary locking mechanism on a clinical waste bin was not fully engaged and was purposefully held open. This was brought to the attention of the person in charge who remedied the situation immediately.

A car was available to transport residents. Records made available to the inspector confirmed that the car was roadworthy, regularly serviced (most recently in July 2015), insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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):

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

**Findings:**
Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. Improvements were required to ensure that all efforts were made to identify and alleviate the underlying causes of such behaviour.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format.

An intimate care policy had been reviewed in July 2012 and outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care. The inspector noted that signed consent from residents was secured where possible.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and senior staff stated that there was an open culture of reporting within the organisation.

Records were provided that confirmed that any incidents, allegations and suspicions of abuse had been recorded and these incidents were appropriately investigated in line with national guidance and legislation. It was observed that appropriate safeguards had been put in place.

A centre-specific policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

The inspector reviewed a selection of plans for support behaviour that challenges and
spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. There were inconsistencies observed in relation to the management and monitoring of behaviours that challenge. Where specialist input had been sought, clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the strategies in use. However, a resident who had experienced four episodes of challenging behaviour from April to June 2015 had not been reviewed by the specialist multi disciplinary team. Protocols were in place for this resident that had been developed in conjunction with the psychologist but evidence based tools such as Antecedent Behaviour Consequence (ABC) charts and scatter plots were not used to validate that the strategies outlined were effective.

Environmental restraint was in use; its use was guided by a centre-specific policy and followed an appropriate assessment. The policy had been reviewed in October 2014, was comprehensive and was in line with evidence-based practice. A risk balance tool was used prior to the use of environmental restraint, multi-disciplinary input was sought, less restrictive alternatives were considered and signed consent from residents was secured where possible.

**Judgment:**
Non Compliant - Moderate

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**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 inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**

Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.
**Theme:**
Health and Development

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

**Findings:**
Residents’ opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Improvements were required to ensure that assessments met residents’ educational/employment/training needs.

The policy on access to education, training and development was made available to the inspector and had been reviewed in October 2014. A flexible and individualised day service was provided in the centre for each resident. Some residents attended education, training and volunteering opportunities in the local community and support was provided in relation to travel arrangements.

Activities within the day service included arts and crafts, cookery, gardening, shopping, matinee film afternoons and music. Residents were supported to use local services such as leisure, gym and sports facilities. Some residents volunteered in the local community.

Residents’ educational achievements were valued and proactively supported by the practices in the centre. Residents were supported to attend computer and literacy courses which led to a Quality and Qualifications Ireland (QQI) award.

Information was gathered in the discovery document to establish each resident’s education, training and employment goals. The information included in some of the discovery documents reviewed lacked detail and was not sufficient to perform a robust assessment to ensure that appropriate opportunities are made available in relation to education, training and development.

**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):**
This was the centre’s first inspection by the Authority.
Findings:
Residents’ healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. The inspector saw that residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. There was clear evidence that there treatment was recommended and agreed by residents, this treatment was facilitated. Residents’ right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, the inspector saw that staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including dental, psychiatry, speech and language, optical, chiropody, dietician and psychology.

Evidence based assessment tools were not used to identify and monitor residents’ healthcare needs. For example, a resident who had experienced three falls since April 2015 had not been assessed using a validated falls risk assessment tool. Therefore, it was not clear to the inspector if all the evidence-based interventions had been identified or implemented to reduce the resident’s risk of falls.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained. A personalised management plan was in place which guided staff in the administration of buccal midazolam and all staff had received appropriate training. Residents were supported to visit the neurology clinic regularly and the appropriate recommendations were implemented. However, the goals of treatment were not clearly outlined epilepsy care plans and care plans did not give sufficient guidance to staff in relation to the monitoring of seizures.

A bereavement and end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The policy outlined that a proactive approach was to be taken in order to ascertain residents’ views in relation to loss, death, dying and end of life. However, the inspector saw that, based on a sample of records reviewed, residents’ wishes in relation to care at times of illness or end of life had not been ascertained. Therefore, information would not be available to guide staff in meeting residents’ needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents’ weights were monitored on a monthly basis and residents' weights were stable and within a healthy range. A process was in place to make referrals to a dietician, when appropriate. Residents were encouraged to be active through attending the gym, bowling and walking.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. The inspector saw that there were ample supplies and choice of fresh food available for the
preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. The inspector observed that residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions. The specialist advice of speech and language therapists in relation to the provision of food and fluids of a modified consistency was seen to be implemented by staff.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents’ needs was available in an easy read format.

**Judgment:**
Non Compliant - Moderate

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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:**
Medicines for residents were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medication policy, which had been reviewed in January 2015, that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents’ medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection. Compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, where a dose range was prescribed to be administered (e.g. 10-15ml), the actual dose administered was not always recorded on the medication administration record.
The management of short term and non-prescription medicines required review. The inspector saw that, for short term medicines, a record of the prescription was not available to the person administering these medicines to ensure that the medicine was administered as prescribed. For non-prescription medicines, there was no record maintained of consultation with a healthcare professional to ensure that the medicine is safe to be administered, the recommended dose and does not interfere with the resident's current medicines.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. Where a resident had chosen to take responsibility for her own medicines, a comprehensive and individualised risk assessment had been completed which took into account cognition, communication, reception and dexterity. Appropriate controls and supervision were in place to ensure that the practice was safe.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. Stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented. Medication incidents and the use of 'as required' medicines were reviewed on a quarterly basis to identify any trends.

Training had been provided to staff on medication management and the administration of buccal midazolam.

**Judgment:**
Non Compliant - Moderate
**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in July 2015.

**Judgment:**
Compliant

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**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 evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also appointed as the person in charge in four other centres and had demonstrated her suitability to the Authority on registration inspections in these centres. Two social care workers were appointed in the centre to ensure the effective governance, operational management and administration of the
centre. The inspector spoke with one of the social care workers who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the social care worker. There were established regular management meeting between the regional managers, the provider, the person in charge and the regional manager. The inspector saw minutes of these meetings

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had worked with the organisation as a community manager since 2011. She had previously worked with the housing association affiliated to the Brothers of Charity Services Clare as a housing officer from 2006. The person in charge was employed full time by the organisation. The person in charge demonstrated a in-depth knowledge of the residents and their needs. Residents were observed to be familiar with the person in charge and were comfortable in her presence.

The provider nominee had arranged for an unannounced visit to the centre in the last six months to assess quality and safety. The inspector read a report of the most recent unannounced inspection. There was evidence that pertinent deficiencies were identified, acted upon and improvements made.

The annual review of the quality and safety of care in the centre from 2014 was made available to the inspector who saw that it was comprehensive and was based on the Standards and Regulations. Areas for improvement were identified and actions completed in a timely fashion.

**Judgment:**
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:**
There had been no periods where the person in charge was absent from the centre for 28 days or more since the commencement of the Regulations and there had been no change to the person in charge. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.
There were adequate arrangements in place for the management of the centre when the person in charge is absent. Two social care workers were identified to deputise for the person in charge in her absence. The inspector spoke with one of the social care workers who demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

_The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose._

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to support residents to achieve the goals in their PCPs. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.

**Judgment:**
Compliant

### Outcome 17: Workforce

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

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

Findings:
There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy.

Staff were observed to be supervised appropriate to their role on a day to day basis. Regular staff meetings were held every two months and items discussed included health and safety, medicines management, residents’ needs, complaints/compliments, safeguarding and documentation. A formal and meaningful appraisal system was in place and formal appraisals had been completed for senior staff. However, this had not been rolled out for all staff at the time of inspection.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The minutes of management meetings were disseminated and discussed at staff meetings. The inspector saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included mandatory training and training in first aid, epilepsy awareness, medicines management and diabetes. However, as outlined in outcome 7, mandatory manual handling training had not been completed by all staff.

Records confirmed that volunteers received supervision and were vetted appropriate to their role and level of involvement in the centre.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational
policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were made available to staff who demonstrated a clear understanding of these policies.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents’ records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents’ records as required under Schedule 3 of the Regulations were maintained. The residents' directory was up-to-date. However, the inspector saw that records relating to the on-going medical assessment, treatment and care provided by the resident's medical practitioner were not always completed in a consistent manner to ensure that the recommendations for the ongoing treatment and care of residents was easily retrievable for staff and accessible at all times.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with all the requirements of the Regulations.

Judgment:
Substantially Compliant

Closing the Visit

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

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

Report Compiled by:

Louisa Power
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004889</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 August 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 September 2015</td>
</tr>
</tbody>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 assessment document was not always accurately and fully completed.

1. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
social care needs of each resident is carried out prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The Assessment document will be redrafted for the individuals in question to ensure consistency between the initial assessment and the plan

**Proposed Timescale:** 09/11/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The names of those responsible for pursuing objectives were not always clearly outlined.

**2. 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:**
Individual staff will be nominated to pursue objectives across all areas of the plan. The plan in question will be re-drafted to ensure that this is the case.

**Proposed Timescale:** 09/11/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some goals were not specific, focussed on activities of daily living and did not maximise the resident’s personal development.

**3. 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:**
Clear goals will be set which maximise the residents personal development in the plans in question. A summary matrix of goals and objectives will be developed for goals set in plans.
**Proposed Timescale: 09/11/2015**

**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:**
A PEEP had not been reviewed as indicated.

**4. Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
All PEEP’s have now been reviewed as indicated.

Proposed Timescale: Completed

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**Proposed Timescale: 11/09/2015**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff required refresher fire training.

**5. 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:**
Staff requiring Fire Training will attend refresher training in September.

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**Proposed Timescale: 23/09/2015**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Gaps were noted in documentation relating to fire checks which provide an assurance to the provider that fire precautions are regularly reviewed.

**6. Action Required:**
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.
Please state the actions you have taken or are planning to take:
Safety Checks will be discussed at staff handovers to ensure consistency and accountability. Safety Checks will also be reviewed at team meetings.

Proposed Timescale: 10/09/2015

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Evidence based tools were not used to evaluate the efficacy of interventions outlined in positive behaviour support plans or to identify the underlying cause of behaviours, if any.

**7. Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
Evidence based tools are utilised in the development of Behavioural Support Plan. The individual has been referred to have a plan developed. The gathering of evidence using assessment based tools will commence in October.

Proposed Timescale: 01/11/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A resident had not been reviewed by the specialist multi-disciplinary team despite having experienced 4 episodes of challenging behaviour since April 2015.

**8. Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
A behaviour Support Plan will be developed for an individual following the charting of information. The gathering of evidence will commence in October with the plan being finalised by the 1st of February.
Proposed Timescale: 01/02/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The information included in some of the discovery documents reviewed lacked detail and was not sufficient to perform a robust assessment to ensure that appropriate opportunities are made available in relation to education, training and development.

9. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
Discovery Document will be reviewed to ensure a robust assessment has been completed which will ensure opportunities are made available in relation to education, training and employment.

Proposed Timescale: 09/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A validated falls risk assessment tool was not used to ensure that all evidence-based interventions had been identified or implemented to reduce the resident’s risk of falls.

10. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

Please state the actions you have taken or are planning to take:
A validated falls risk assessment tool will be utilised in place of the risk assessment tool currently being utilised to reduce residence risk of falling.

Proposed Timescale: 09/10/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents’ wishes in relation to care at times of illness or end of life had not been ascertained. Therefore, information would not be available to guide staff in meeting residents’ needs whilst respecting their dignity, autonomy, rights and wishes.

**11. Action Required:**
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

**Please state the actions you have taken or are planning to take:**
End of Life plans will be further developed in the individual plans at the next review. As this is a very personal matter it will be undertaken with families face to face.

**Proposed Timescale:** 31/12/2015

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans in relation to epilepsy did not contain goals of treatment and adequate information to guide staff in the monitoring of seizures.

**12. Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
The Health Section of the individual plan in question will be updated to ensure the goals of treatment are specified along with stating the information staff are to record in the monitoring book. This will correspond with information which is currently in the working file in relation to monitoring seizures.

**Proposed Timescale:** 09/11/2015

**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:
Where a dose range was prescribed to be administered (e.g. 10-15ml), the actual dose administered was not always recorded on the medication administration record.

**13. 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 dose administered is now recorded at all times.

Proposed Timescale: Completed

**Proposed Timescale:** 11/09/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A record of the prescription was not available to the person administering short term medicines to ensure that the medicine was administered as prescribed.

A record was not maintained of consultation with a healthcare professional to ensure that non-prescription medicines are administered at a safe dose.

**14. 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 Medication Management Procedure will be reviewed and amended to ensure that short term medication is being administered as prescribed.

Proposed Timescale: 30/10/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some but not all staff have had formal supervision.

**15. Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
The staff member who had not commenced Supervision is now booked to undertake formal supervision.
**Proposed Timescale:** 29/09/2015  
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Mandatory manual handling training had not been completed by all staff.

16. **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:**  
The staff members in question have been booked in to attend manual handling.

**Proposed Timescale:** 30/10/2015

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect: Records relating to the on-going medical assessment, treatment and care provided by the resident's medical practitioner were not always completed in a consistent manner.

17. **Action Required:**  
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**  
Template for maintaining records are to be consistent in all files. File will be updated to ensure the most up to date template is being utilised for recording information.

**Proposed Timescale:** 01/10/2015