

**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 The Anne Sullivan Centre Limited
Centre ID:	OSV-0001388
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Anne Sullivan Centre Limited
Provider Nominee:	James O'Loughlin
Lead inspector:	Helen Lindsey
Support inspector(s):	Anna Doyle
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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 January 2016 10:00 To: 07 January 2016 17:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was also to determine if adequate progress had been made in relation to noncompliance's identified during a previous inspection carried out by the Authority in July 2015 in this centre.

At the last inspection significant improvements were required in a number of areas. The areas identified as being non compliant included – safeguarding, behaviour support, restrictive practice, medication management, notifications and governance and management.

The centre was established specifically to meet the needs of people who are deaf-blind. Some residents also have secondary needs, for example behaviours that challenge. The aim of the service is to facilitate deaf-blind people to pursue meaningful, active and fruitful lives.

Inspectors were limited in their ability to communicate with most of the residents, and so relied on the staff to share their views of the residents' experiences. Records of assessments and judgments by other professionals were also used to offer

insights on the experience of the residents.

The centre was made up of four houses and the main building, all within a cul-de-sac in a residential area. It was close to amenities such as shops, restaurants, banks and bus stops. The service can support 11 residents on a full time or respite basis.

The main building had a flat for one resident, a main kitchen, and a kitchen for residents, and a range of offices and recreation rooms. There was a garden and a guided walkway around the building.

Three residents lived in a detached house. Each resident had a bathroom for their personal use. There were two living rooms and a kitchen diner on the ground floor. One room upstairs was used as the office. There was a garden to the back of the house, with a gate to access the main centre.

Three of the houses had been knocked through, so there was access between them. In the whole building there were two kitchen diners, two lounge areas, a separate flat for one resident with shower room and kitchenette, and six bedrooms. One of the bedrooms was en-suite. There was a garden area at the back of each house. There were also two bathrooms, and a downstairs toilet. Seven residents lived in these houses.

During this inspection, significant improvements had been made in the area of safeguarding and supports for people who have behaviours that challenge. Inspectors found that a new person in charge had recently been appointed. There was evidence of significant improvements since the last inspection, particularly in the area of safeguarding, behavior support and governance and management. However there were still improvements required in the area of risk management and medication management. The annual report was in draft format and an unannounced visit to the centre by management was due to be completed next week. Both of these reports have to be submitted to the Authority once complete. The findings at this inspection are discussed in the main body of this report.

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

Outcome 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):

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

Findings:

Overall inspectors found that the actions from the previous inspection had been implemented to a satisfactory level.

Inspectors reviewed four care plans and found that all residents had an annual care meeting where their needs had been discussed. Relevant allied healthcare professionals attended these meetings and goals for the year had been identified. Goals were being reviewed and progress notes were maintained.

However a health care assessment had not been completed for each resident and there was no evidence of health action plans to guide staff practice. This is actioned under Outcome 11.

Inspectors saw evidence of how residents exercised their choice to participate in daily activities. For example activity schedules were viewed in residents' bedrooms. Residents had access to the community on a regular basis and were seen on the day of inspection to be involved in community activities for most of the day.

Some plans viewed by inspectors showed evidence that social care plans were in an accessible format for residents and the manager on the day informed inspectors that this would be introduced for all residents in the centre.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the units that made up the designated centre were suitable in their layout and design. However, some decoration and maintenance issues needed to be addressed.

Inspectors found that some areas of the centre were unclean and in need of redecoration. For example one hallway area viewed by inspectors was in need of paintwork. The residential manager assured inspectors that plans were in place to update areas of the premises; however maintenance work had to be well planned given the residents needs for familiarity in their environment.

In addition one section of the centre had a lot of equipment and was been utilised as a sitting room and staff office due to lack of space in the centre. There was also one bedroom that a resident used for respite purposes being utilised as a staff office occasionally. This was discussed with the residential service manager on the day of inspection who told inspectors about plans in place to address this. Inspectors acknowledge that this is a work in progress.

One piece of medical equipment stored in the centre had no up to date maintenance records in place.

Outside areas were well maintained and a railed walkway was in place for residents to use so as to maintain independence while in the garden.

Judgment:

Substantially 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):

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

Findings:

Overall inspectors found that the health and safety of residents, visitors and staff was been promoted and protected. However improvements were required in the area of risk management in the centre.

Since the last inspection improvements had been made in the management of risk in the centre. Weekly and quarterly audits were completed on all incidents in the centre and trends were identified. Meetings were held to review incidents and formulate action plans to reduce or mitigate risks in the centre. Team leaders and key workers attended these meetings and staff told inspectors that they feel more engaged and empowered in this process. However it was not clear whether all actions had been followed up.

Inspectors saw evidence of individual risk assessments on resident's files and were assessed using the Health Service Executive (HSE) matrix tool. Examples of this included self injurious behaviour, road safety and swimming. Three managers had attended training in risk management.

At the last inspection an external consultant had been employed to review environmental risks in the centre. This action plan is being worked through however there were no environmental risk assessments setting out hazards and mitigating factors for the centre. This was discussed with the person in charge and service managers at the feedback session.

The safety statement, risk management policy and fire procedures had been reviewed at previous inspections to the centre and were not assessed at this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall inspectors found that there were measures in place to protect residents being harmed or suffering abuse and that since the last inspection significant improvements had been made to address concerns raised. However some improvements were needed in restrictive practices and the review of behaviour support plans.

At the last inspection it had been identified that major improvements were required in the area of safeguarding and significant improvements were required in behaviour support and restrictive practices in the centre. The action plan submitted by the provider after the inspection had been robust and inspectors saw evidence of how this had been implemented.

All staff had completed training in safeguarding vulnerable adults and staff spoken to were clear on procedures to follow if an allegation of abuse was disclosed to them. A senior manager had also completed training in their role as the designated officer to deal with allegation of abuse. Further training is being scheduled for a second person to complete this training.

Since the last inspection the provider had increased the behaviour support resource to a fulltime position in the centre to ensure the implementation of behaviour support plans. Inspectors met with this person who advised inspectors that nine support plans had been implemented to date and two were in process. This person had undergone training since the last inspection and inspectors saw evidence of comprehensive support plans that guided staff practice. However it was not possible to determine when support plans had been reviewed or updated. For example some plans had hand written post it notes included as review.

The centre had also increased psychology support in the centre. The psychologist now attended weekly meetings with staff to discuss and review behaviour support plans. Staff reported that they found this very useful and were more engaged in the process. It was also evident that these improvements were having positive outcomes for residents. For example one resident was engaging in more activities outside the centre.

Restrictive practices were recorded at the end of each resident's behaviour support plan, however environmental restrictive practices had not been notified to the Authority. There were systems in place to review restrictive practices, however it was not clear if this was carried out as the review dates stopped in May 2015.

At the last inspection the policies and procedures in behaviour support, restrictive practice and safeguarding required improvements. Inspectors viewed draft copies of these documents that were due to be signed off next week by the relevant persons. This is actioned under Outcome 18.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

Overall inspectors found significant improvements since the last inspection, however not all restrictive practices had been notified to the Authority.

Since the last inspection all incidences in the centre were being reviewed and actions identified to try and mitigate risks. This is discussed under Outcome 7. The Authority had been notified of all incidents within the centre and while all physical and chemical restraints were notified to the Authority, no environmental restrictive practices were being notified. However inspectors did see evidence in residents' behaviour support plans where all restrictive practices for each resident were documented. This is discussed in Outcome 8.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall inspectors found that residents' healthcare needs were being met. However there were no healthcare assessments or health action plans to guide staff practice.

Since the last inspection the provider had employed a number of allied health professionals, including speech and language therapist (SALT), dietician, psychologist, psychiatrist and had increased resource hours for the behaviour specialist to full time hours. Inspectors saw evidence of input from allied health professionals and evidence that recommendations made had been followed through by staff. Relevant allied health

professionals also attended annual care meetings for residents.

While inspectors saw evidence that identified healthcare needs were being followed up, there was no healthcare assessments or health action plans to guide staff practice. However inspectors acknowledge that the provider had employed an external consultant to review the care planning process in the designated centre. This had been completed at the end of November 2015. This consultant had also facilitated care plan training for staff in the centre.

Inspectors saw communication passports for residents that had been implemented since the last inspection to try and address the health care needs of residents. Although these were useful for residents, they did not address the healthcare needs of residents. The service manager informed inspectors that since completing the care planning training that they had a clearer understanding of the requirements. The future plans included the introduction of the template for person centre plans as recommended by the external consultant late last year.

Since the last inspection all residents had been reviewed by a dietician and recommendations from this had been followed through. Inspectors also viewed meal planners that had been devised by the dietician, that were individual to residents' needs, likes and dislikes.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Overall inspectors found that some improvements had been made since the last inspection, however there were still areas that need to be addressed.

Medications were supplied by a retail pharmacy business in individual 'pouches' where appropriate and all medication trolleys were stored in medication trolleys within the centre. However on the day of inspection, inspectors noted that the medication keys were left on the trolley. This meant that there was a risk of unauthorised persons accessing medications. In addition the medication pouches were not been administered chronologically. For example one residents pouch was not dated correctly.

Since the last inspection staff had completed training in the administration of PRN medication for residents in the event of an epileptic seizure; expired medications were stored separately and opening dates on ointments were clearly marked.

A new draft medication policy was in place that addressed actions from the last inspection, however this was not been used in practice as it was awaiting approval from other relevant healthcare professionals. This was due to be completed next week.

An audit had been completed by the pharmacist however it did not reflect issues that had arisen from an audit carried out in one area of the centre by staff. However the new draft policy viewed had indicated that staff would complete a check of all medications once they were received into the centre.

Prescription sheets for three residents were viewed by inspectors. One was found to have no prescribing doctor's signature for the medications prescribed. The frequency of administration for one medication did not correspond with the frequency of administration on the label of the medication package. In addition times were not consistently recorded on the medication administration sheets.

PRN (as required medication) did not indicate what it was prescribed for and there was no guidance for staff as to when this medication should be administered. This had been an action from the previous inspection.

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):

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

Findings:

Overall inspectors found that significant improvements had been made and the provider was committed to implementing further improvements in this area.

Since the last inspection a new person in charge had been appointed to the centre. Inspectors acknowledge that this person was very new to the role; however at an introductory meeting on the first day of inspection the person in charge appeared to have a good understanding of the residents' needs and the areas of improvement required in the centre. The fitness of the person in charge was not assessed at this inspection given the short time frame of employment, this will be assessed by the Authority at a later date.

The person in charge had held a management and supervision day with the two service managers the day before the inspection. A number of actions had been identified, including some training needs analysis. One service manager spoken to confirmed this and informed inspectors that the meeting was very helpful.

Inspectors spoke with staff who appeared satisfied with the additional training they had received in care planning, behaviour support and safeguarding. There were supervision arrangements in place for staff, which included supervision with an independent person to discuss any concerns they may have. This had been an action from the previous inspection. In addition staff spoke about access to debriefing sessions after incidents of behaviours that challenge.

An unannounced inspection by the provider had not taken place in the centre. This was due to be completed in the coming weeks. A copy of this report is to be submitted to the Authority along with the annual report for the centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents.

All residents had one to one staff during the day and received assistance and care in a respectful, timely and safe manner.

Since the last inspection all staff had received mandatory training. This is discussed under Outcome 8 of this report. Adequate supervision systems were in place for staff. The service manager informed inspectors that staff meetings were held every four to six weeks. Team leaders met with staff individually and staff also had access to an independent person to discuss any concerns they may have. The service manager met with the team leader every two weeks. There were systems in place for staff appraisals within the centre.

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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Anne Sullivan Centre Limited
Centre ID:	OSV-0001388
Date of Inspection:	07 January 2016
Date of response:	01 February 2016

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 06: Safe and suitable premises

Theme: Effective Services

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

Some areas of the centre were not clean and well maintained.

1. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

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

The Provider and management team are cognisant of the need to provide safe and suitable premises as per the regulations. There is a plan of action for the refurbishment / redecoration of the residential care service which is currently being rolled out. The equipment and information stored in one of our houses has been relocated elsewhere and staff are encouraged to utilise the office in an adjoining premises where and when possible. The service managers and the PIC have agreed a system whereby regular audits of Health and safety, maintenance and general "housekeeping" are carried out on a weekly basis. In addition the Health and Safety Officer will carry out a comprehensive audit on a monthly basis and agree a plan of action for any works that need to be addressed on a priority basis. The Residential Care Service will work in conjunction with the Foundation to ensure that premises are safe, suitable and well maintained. This is an ongoing work in progress.

Proposed Timescale: 29/02/2016

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:

There were no environmental risk assessments completed for the centre.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

An environmental risk assessment had been completed by the Health and Safety Officer after the inspection ~ this was submitted to HIQA for their consideration. There is a plan in place which details responding to emergencies and risk assessments; the ongoing management of same, will be incorporated into all supervision and management meetings. The outstanding risk assessments of the exterior areas, the apartment and the centre building has been completed

Proposed Timescale: 01/02/2016

Theme: Effective Services

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

There was no evidence that actions identified from the review of incidences had been completed.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All incidents are recorded on EPIC and assessed using the HSE matrix tool. Incidents are reviewed by the staff team on a weekly basis and learning identified. All actions are now recorded and evidenced.

Proposed Timescale: 29/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

It was not clear when behaviour support plans were implemented and reviewed and updates were not recorded appropriately.

4. 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:

Each resident has a behaviour support plan (with two in progress) in place. These are reviewed and discussed weekly by a senior manager, the BSP staff member, the team leader, the BSP external consultant and the PIC (when possible). A system of recorded reviews and amendments is now in place and all updates are noted accordingly.

Proposed Timescale: 27/01/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Environmental restrictive practices had not been notified to the Authority.

5. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The quarterly reports submitted to HIQA will include a more comprehensive description of all restrictive practices including all environmental practices.

Proposed Timescale: 27/01/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were no healthcare assessments and health action plans in place to guide staff practice.

6. 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 residential Services Manager has developed a plan of action in conjunction with the GP and psychiatrist that will ensure that all residents have a healthcare plan in place which is reviewed at least annually. A template HealthCare Plan has been developed and information has been transferred into this format. These plans will be signed off by the GP over the coming weeks.

Proposed Timescale: 14/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The keys for the medication trolley was left on top of the trolley and not stored securely.

7. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Services managers and the PIC carried out comprehensive audits of all practices and protocols pertaining to the administration and storage of medication. Staff have received further medication training since the inspection and are aware that security of

medication is of critical importance. Regular audits will be carried out by team leaders and service managers to ensure that the above is implemented comprehensively. The medication policy has been reviewed and updated and disseminated to staff. This is now a standing item on the staff team meeting agenda.

Proposed Timescale: 27/01/2016

Theme: Health and Development

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

There were no systems in place to ensure that medication received in the centre was recorded and checked.

8. 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 system of ordering, recording and checking of medication has been reviewed and updated to ensure that there is appropriate cross checking of medications ordered and received. Any discrepancies identified will be followed up the team Leader and/or manager by the next working day.

Proposed Timescale: 01/02/2016

Theme: Health and Development

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

One prescription sheet had no signature of the prescribing doctor. The prescribed frequency of medications on the prescription sheet did not match the frequency on the medication label.

9. 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 discrepancy identified during the most recent inspection has been addressed whereby the GP has signed the prescription form. The service provider has implemented an auditing process whereby Team Leaders carry out regular audits of medications prescribed and subsequently administered to residents. Cross referencing

of information is a critical component of this auditing process. A meeting between the service provider and the medications provider is scheduled to take place to discuss an agreed protocol whereby medication ordering, receipting, prescribing, storage and disposal is agreed and signed off. This is incorporated into the revised medications policy.

Proposed Timescale: 29/02/2016

Theme: Health and Development

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

The indications for the use of PRN medication was not always indicated on the prescription sheet and there were no PRN protocols to guide staff practice.

10. 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:

Guidelines are being developed by the service managers and the staff team to ensure that regulation 29 (4) (b) is met by the service provider. These guidelines will be drawn up in consultation with the General Practitioner and signed off by her prior to dissemination to the staff team.

Proposed Timescale: 29/02/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An unannounced inspection by the provider had not been carried out in the centre.

11. Action Required:

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

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

Unannounced audits by the PIC and the Service Managers were completed on 21, 22, 28 and 29 January 2016.

Proposed Timescale: 01/02/2016

Theme: Leadership, Governance and Management

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

A copy of the annual review of the centre was not available to inspectors.

12. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A copy of the review will be made available to the residents, their families and the Chief Inspector

Proposed Timescale: 29/02/2016