<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Galway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0004958</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Galway</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Anne Geraghty</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Jackie Warren</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>10</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

▪ to monitor compliance with regulations and standards

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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 announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>12 January 2016 10:20</td>
<td>12 January 2016 18:20</td>
</tr>
<tr>
<td>14 January 2016 12:20</td>
<td>14 January 2016 16:20</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>05</td>
<td>Social Care Needs</td>
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<tr>
<td>06</td>
<td>Safe and suitable premises</td>
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<tr>
<td>07</td>
<td>Health and Safety and Risk Management</td>
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<tr>
<td>08</td>
<td>Safeguarding and Safety</td>
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<tr>
<td>11</td>
<td>Healthcare Needs</td>
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<tr>
<td>12</td>
<td>Medication Management</td>
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<td>14</td>
<td>Governance and Management</td>
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<tr>
<td>17</td>
<td>Workforce</td>
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</tbody>
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**Summary of findings from this inspection**
This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The centre comprised of two large detached houses which provided residential accommodation for ten male and female adults. The residents gave their consent for the inspector to enter their home and review their documentation.

As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. There were eight of the eighteen outcomes examined on this inspection.

During the inspection the inspector found a good level of compliance with the Regulations, with three of the outcomes reviewed being assessed as compliant and two as substantially compliant. Three outcomes were judged as moderately non compliant.
Good practice was found throughout the inspection, including in the areas of:
- health care
- safeguarding and safety
- safe and suitable premises.

Areas of substantial compliance, where some improvement was required, included health and safety, risk management and staff recruitment.

Governance and management, medication management and achievement of residents’ identified goals were judged as moderately non-compliant.

The inspector found that residents were supported to achieve independence and community participation according to their wishes. There were adequate staffing levels to meet the needs of all residents living in the centre and to ensure that person centered care was delivered. There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners (GP) and health care support services.

The centre was comfortable, appropriately furnished and well maintained. Staff and residents knew each other well, residents were observed to be relaxed and happy in the company of staff.

The provider and person in charge had developed robust fire safety controls and other safeguarding measures to promote the safety of residents.

Findings from the inspection and actions required are outlined in the body of the 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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents’ social care needs were well met and they had opportunities to participate in activities, appropriate to their individual interests and abilities.

Residents were involved in the development of their personal plans which set out their individualised personal goals, including social goals. The dependency level of residents necessitated that staff supported residents in participating in social activity and review of documentation and discussions with residents confirmed that this was being achieved.

Each resident had a personal plan outlining the things that they liked to do. The inspector reviewed a sample of personal plans. The plans set out each resident's individual needs, goals and choices and how they could be achieved. Individual goals were identified and included the name of the person responsible for pursuing the goals and were updated to reflect progress in achieving these goals. For example, individual goals such as holidays, outings, shopping trips and voluntary work projects had been achieved for residents. However, while the identified goals of residents had generally been successfully achieved, there was no evidence that the goal of one resident had been progressed by the person in charge.

In addition, the personal plans contained personal profiles of each resident, information about residents’ interests and weekly activity records.

There were a range of activities taking place both in the community and in local resource services and residents’ involvement was supported by staff. For example,
residents went walking, shopping and for meals in the community, went for outings and holidays and attended classes such as cookery and language skills in the resource service.

**Judgment:**
Non Compliant - Moderate

**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 suited the needs of residents. The two houses in the centre were well maintained both internally and externally and were spacious, clean, warm, suitably furnished and comfortable.

There was a variety of communal day space including sitting rooms and large kitchens with dining areas.

Bedrooms were bright, well furnished and decorated in colour schemes of residents’ choice. Residents had adequate personal storage space and wardrobes. All bedroom doors were lockable and there were keys available for residents who wished to lock their doors. All bedrooms were for single occupancy. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities.

The inspector found the kitchens to be large, comfortable, well equipped and clean. There was separate office and bedroom accommodation for staff in each house.

There were utility rooms, with laundry facilities, in each house where residents could do their own laundry if they wished to.

There were suitable arrangements for the disposal of general and clinical waste. Residents segregated waste into recycling bins in the houses, before removal to main bins which were stored externally. These were removed by contract with a private company. There were also suitable arrangements in place for the secure storage and removal of clinical waste and incontinence wear.
Residents had good access to the outdoors. There were well maintained gardens and seating areas adjoining the houses.

**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:**
The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff, although some improvements to the risk register and emergency plan were required.

There was a health and safety statement, a risk management policy and a risk register available to guide staff. There were also a range of policies which were viewed in conjunction with the risk management system and which included a missing person policy and a behaviour that challenges policy. The risk management policy identified the procedures for the identification and management of risk in the centre, including all the risks specified in the Regulations such as self harm, violence and aggression.

However, some parts of the risk register were generic and included a wide range of risks which could occur in any centre within the organisation and some were not relevant to this centre. Due to the volume of the document it was more difficult to identify the risks specific to the centre. The management team confirmed that the risk register was currently being reviewed to address this and that an updated and more centre specific risk register was at an advanced stage of development and was due to be introduced shortly. The inspector viewed a draft of this document which was in line with the requirements of the Regulations.

A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures.

The two houses in the centre were found to be safe and there were no uncontrolled risks identified during the inspection. The management team had identified a risk in relation to a floor surface which might present a falls risk and arrangements were in place to replace it with a non-slip surface.

The provider had taken adequate precautions against the risk of fire. Training records showed that all staff had received formal fire safety training, which was mandatory.
every two years in this organisation. Staff who spoke with the inspector were knowledgeable regarding the procedures to be followed.

Three fire drills had been carried out in 2015, one of which was while residents were asleep. Records of fire drills were maintained which included information such as the total time taken to evacuate the centre and who had participated in the drill. Fire evacuation notices were displayed prominently in both houses. Staff who spoke with the inspector were clear on the evacuation procedure.

Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system was serviced quarterly and fire extinguishers were serviced annually. In addition, there were records that staff also carried out a range of safety checks such as monthly checks of automatic door releases, weekly checks of fire alarms and daily checks of fire escapes. The inspector found that all fire exits were unobstructed during the inspection.

The procedures to be followed in the event of fire were displayed in each of the dwellings. A personal emergency evacuation plan had been documented for the resident. There were separate emergency plans in place for each house which outlined clear guidance for staff in the event of fire, flood, loss of power or heat and any other possible emergency or evacuation of the centre. Arrangements for alternative accommodation in the event of evacuation were clearly outlined in one of the plans, but not in the other.

An emergency plan was in place which identified what to do. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary. The procedures to be followed in the event of fire were displayed in each of the dwellings. A personal emergency evacuation plan had been documented for the resident. There were separate emergency plans in place for each house which outlined clear guidance for staff in the event of fire, flood, loss of power or heat and any other possible emergency or evacuation of the centre. Arrangements for alternative accommodation in the event of evacuation were clearly outlined in one of the plans, but not in the other.

**Judgment:**
Substantially Compliant

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**Outcome 08: Safeguarding and Safety**

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

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

Findings:
Measures were in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Training records indicated that all staff had attended this training.

There were clear protocols in the organisation for the management and investigation of abuse. The management team and staff who met with the inspector were clear on these practices.

The person in charge had also taken measures to make residents aware of abuse. It had been discussed at house meetings and there was an information booklet for residents, written in clear format with suitable pictorial aids to advise residents about abuse and that it is not acceptable.

The inspector observed staff interacting with residents in a respectful and friendly manner. All residents told the inspector that they were very well cared for by staff and liked living in the centre.

Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. Staff had attended training on managing behaviours that are challenging. There was a policy on responding to behaviours that challenge to guide staff.

At the time of inspection there was no use of bed rails or any other physical restrain in the centre.

The inspector reviewed a sample of residents’ finances and found that they were managed in a safe and transparent manner. Residents’ money was securely stored, transactions were clearly recorded and residents could access their own money when required.

Judgment:
Compliant
**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

**Findings:**  
The inspector found that residents’ health care needs were met and they had access to appropriate medical and health care services.

All residents had access to general practitioner (GP) services. The inspector reviewed a sample of files and found that GPs reviewed residents as required. In addition, all residents had an annual medical check up from the GP. Most residents went to visit the GP at the local surgery, but house calls could be arranged if required.

Residents had access to a range of health care professionals including chiropody, speech and language therapy, psychology and psychiatry and referrals were made as required.

Plans of care had been developed based on assessment and the recommendations of the GP and health care professionals. These plans were regularly reviewed by staff and the multidisciplinary team.

Staff were focussed on ensuring that all residents were encouraged to eat healthy balanced diets and partake in exercise plans. The inspector found that residents' nutritional needs were well monitored and all residents were weighed monthly. Staff stated that none of the residents were experiencing weight gain or loss. Some residents were assessed as being overweight and had been reviewed by the dietician.

Individualised support plans were in place for these residents and the recommendations of the dietician were being implemented. Residents participated in food preparation and had access to drinks and snacks throughout the day.

There were no residents who required modified consistency diets although one resident required a special diet to meet a health care need and this was supplied. The inspector saw that this dietary requirement was clearly recorded and staff were very aware of it. Suitable foods had been purchased and were stored in a separate kitchen press which was accessible to the resident.

**Judgment:**  
Compliant
Outcome 12. Medication Management

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

Theme:
Health and Development

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

Findings:
The inspector found that there were systems in place for safe medication management, however, improvements were required in relation of administration, discontinuation and disposal of medication.

The inspector reviewed a sample of prescription/administration charts and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were photographs of each resident available to verify identity if required. Personal administration plans had been developed for each resident.

However, the medicines listed on the prescription sheets had not been individually verified by the GP, and consequently staff administered medication which had not been suitably prescribed. The inspector also found that discontinued medication was not suitably recorded or verified by the GP and staff discontinued medication based on records which were not suitably verified. In addition, the process for the recording and disposal of unused and out of date medication was not safe and traceable.

There were appropriate systems in place for the ordering and storage of medication. Medication for each resident was supplied in individual monitored dosage sealed packs which were prepared and delivered weekly by the local pharmacist. There were secure arrangements in place for storage of medication. At the time of inspection there were no residents prescribed medication requiring strict controls and there was no medication that required refrigerated storage.

No residents required their medication crushed and none of the residents took responsibility for the administration of their own medication.

Training records indicated that all staff had received medication management training and there was a medication policy to guide staff.

The internal auditing system was not sufficiently comprehensive as the issues found on inspection had not been identified by the audit. This is actioned under outcome 14 of this report.
Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service, however some improvement was required for one aspect of auditing and in assessment of resident compatibility in one part of the centre.

There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and were kept under review by team leaders and the person in charge and were discussed at management team meetings for the purpose of identifying trends and introducing corrective measures.

Members of the management team carried out unannounced visits to the centre every six months to audit the quality of service and compliance with legislation. An annual internal audit was also undertaken in the centre. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider nominee. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Overall, the discrepancies found were identified and were addressed by the person in charge.

The auditing of medication management, however, was not fully effective. While there was an internal auditing system, it was not sufficiently comprehensive, as the medication management issues found on inspection had not been identified by the audit.

In addition, the compatibility of residents in this service required further review. Due to the diverse mix of residents in this service, it was noted that the compatibility of residents may not be appropriate to all residents’ needs. As a result, some negative outcomes to residents were noted. The management team acknowledged this and stated that it was currently being reviewed.
The person in charge was not available at the time of inspection. There were arrangements in place to cover the absence of the person in charge, which were in effect during this inspection as the person identified to deputise for him was present. There was an on call out of hours rota system in place to support staff at other times.

The role of person in charge was full time. While the person in charge has overall responsibility for the management of this service, team leaders were assigned for the responsibility for the management of care of residents and supervision of staff in each house.

The person in charge was not based in the centre, but called approximately once a week to meet the team leaders and to oversee the service. Team leaders told the inspector that they felt well supported by the person in charge and that they communicated with him daily.

The sector manager also worked closely with the person in charge and team leaders. He was present in the centre during the inspection and was familiar with the residents and their care needs.

The team leaders were very familiar with the needs of residents in the service and it was evident throughout the inspection that they knew the residents well. They demonstrated a clear commitment to improving the service offered to these residents.

The persons in charge met monthly with other persons in charge in the organisation and with a sector manger who represented and reported outcomes to the provider nominee.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, management of behaviours that challenge, epilepsy awareness, first aid, safe administration of medication, record keeping, client protection and fire training.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, management of behaviours that challenge, epilepsy awareness, first aid, safe administration of medication, record keeping, client protection and fire training.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there was appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the days of inspection.

Staff were present to support residents both in the centre and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Staff also slept in the centre at night time. Separate staff supported the residents while in the resource centres.

A range of staff training had been provided and training records indicated that staff had received training in fire safety, medication management, client protection, behaviour management and manual handling, all of which were mandatory in the organisation. Staff had also received other training such as first aid and infection control.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and Garda vetting.

However, in one of the files viewed there was an unexplained gap in employment history. This had recently been identified in an audit of staff files and an action to address it was in progress. The inspector viewed a letter that had been written to the staff member requesting that this information be supplied.

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:

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID: OSV-0004958
Date of Inspection: 12 January 2016
Date of response: 11 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 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that the goal of one resident had been progressed by the person in charge.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
This outcome has been progressed by the person in charge who has spoken with the finance department. Efforts have been made but barriers have been met as there are financial and legal implications around the meeting of this outcome. A further meeting has been arranged with the Finance department to see if there are any ways to remove these barriers and progress the outcome further. We will ensure that the review system for all Personal Outcomes goals which is in place is utilised as required and that any barriers to the achievement of goals are passed upwards using the ‘barrier form’ which is also in place.

**Proposed Timescale:** 29/02/2016

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**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:**
Some parts of the risk register were not centre specific and included some risks which were not relevant to the centre.

**2. Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The person in charge has met with the Health and Safety Officer and a new Risk Register has been devised which is more specific to the risks within the Designated centre. This has been updated and is in place.

**Proposed Timescale:** 09/02/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Arrangements for alternative accommodation in the event of a total evacuation were not outlined in one emergency plan.

**3. 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:
The person in charge has made arrangements with a local Hotel who have agreed to provide alternative accommodation should the need arise. The Evacuation Plan has been updated to reflect the arrangements for alternative emergency accommodation.

**Proposed Timescale:** 08/02/2016

### 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 centre did not have appropriate and suitable practices relating to the prescribing and administration of medicines.

**4. 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 person in charge along with senior organisational management has met with the General Practitioners on 15/2/2016 to progress this issue. The Individual Medication Administration Recording System (IMARS) is being examined to see what needs to be done to meet the Regulation. A further meeting will be held to make a decision on the issue.

**Proposed Timescale:** 11/03/2016

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The centre did not have appropriate and suitable practices relating to the disposal of medicines.

**5. Action Required:**
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.
Please state the actions you have taken or are planning to take:
A system has been put in place whereby the pharmacist as well as the staff returning unused or unwanted medication signs a book to show that the medications have been disposed of in a safe manner.

Proposed Timescale: 05/02/2016

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:
The auditing of medication management was not fully effective as some poor medication management practices had not been identified by the audit.

6. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The person in Charge has written to the 'Best Practice Committee' within the Organisation asking for the Medication Audit form to be changed to meet with the requirements of the regulations. Future medication audits will include the gaps identified in the inspection.

Proposed Timescale: 11/03/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The compatibility of residents in this service was not appropriate to all residents needs and some negative outcomes to residents were noted.

7. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The management of behaviours of the residents in this centre are reviewed by the multi disciplinary team on a regular basis. These reviews as well as the management of the mental health of some of the residents has resulted in notable reductions in the number of challenging behaviour issues as recorded on our Accident Incident Recording System (AIRS). The vigilant monitoring of challenging behaviours and knowing the triggers for
such challenging behaviour have accounted for this improvement in compatibility issues. We continue to review all of these behaviour plans so that the management of same is robust. Further work in relation to this is scheduled to happen over the coming few weeks involving staff, management and members of the Multi disciplinary team.

**Proposed Timescale:** 11/03/2016

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<th><strong>Outcome 17: Workforce</strong></th>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was an unexplained gap in employment history in one of the staff files viewed.

**8. Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
This gap has been accounted for and details are now in the file of that staff member in our Human Resources dept.

**Proposed Timescale:** 29/01/2016