**Centre name:** Valleyview  
**Centre ID:** OSV-0001705  
**Centre county:** Wicklow  
**Type of centre:** Health Act 2004 Section 38 Arrangement  
**Registered provider:** Sunbeam House Services Limited  
**Provider Nominee:** John Hannigan  
**Lead inspector:** Karina O’Sullivan  
**Support inspector(s):** None  
**Type of inspection**  
**Number of residents on the date of inspection:** 14  
**Number of vacancies on the date of inspection:** 2
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 un-announced and took place over 1 day(s).

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

From: 18 October 2016 11:00  
To: 18 October 2016 21:30

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

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**Summary of findings from this inspection**

Background to the inspection:
This was the second inspection of this designated centre. 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.

How we gathered our evidence:
As part of the inspection, the inspector visited the designated centre, met with fourteen residents and spoke with the person in charge and six staff member. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs, policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. The inspector spoke with six residents. One resident stated "I think it is handy living here, as the staff are here to help me if I need it" Another resident identified "I would never ask to live anywhere else, only here you see we are all friends here". Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities.

Description of the Service:
This designated centre is operated by Sunbeam House Services (SHS) Limited and is
based in Rathdrum County Wicklow. Fourteen residents resided in the designated centre with another resident on a time share arrangement at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose. The designated centre aimed to provide residential accommodation for both male and female adults over the age of 18 with intellectual disabilities and complex medical issues as outlined in the statement of purpose.

The designated centre consisted of two eight bedrooms bungalows joined by a conservatory for ease of access for the residents. During the inspection the inspector observed residents moving between each house and interacting with each other.

Overall Judgments of our findings:
The designated centre was found to be providing safe quality services to residents. Nine outcomes were inspected and three outcomes were found to be fully compliant under the areas of meeting residents social care needs, health needs and also in relation to safeguarding and safety. Five outcomes were found to be substantially compliant with one outcome found in moderate non-compliance. Areas of improvement identified included, medication management, information contained within residents' files and staff training and supervision.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.
**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 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):**

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

**Findings:**

The inspector reviewed this outcome in respect of the action identified in the previous inspection. The inspector found the action remained outstanding.

One resident did not have a written agreement in place.

Additional fees charged to some residents were not clearly identified. The tenancy agreement specified the tenant was responsible for all internal decoration and for any breakages of glass in the windows or any damage to fixtures and fitting. This document also stated the tenant was responsible for insuring the contents of their dwelling.

**Judgment:**

Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found the social care needs of each resident were being supported and facilitated in the designated centre.

Overall the quality of care and welfare provided to residents was found to be of a high standard. From the four files viewed the inspector was assured personal plans were being managed and facilitated in order to sustain and enhance the quality of life of each resident living in the designated centre in a person-centred manner.

The system of personal social plans within the designated centre involved personal outcome measures encompassing 23 quality of life indicators as an assessment, completed once every three years. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months. The online system was currently under redevelopment therefore, staff members used a paper based version of plans.

The inspector viewed four residents' personal plans these were all reviewed in 2016. One resident decided they did not wish to have a personal plan at this time due to significant health issues. The inspector spoke with this resident and their views were clearly documented within their file. The resident was still afforded opportunities to participate in community in accordance with their preferences.

The inspector viewed several examples of person-centred care provision. These included facilitating a resident to visit their previous residential centre, assisting a resident to read the daily newspaper, spending time with family members and ensuring residents wishes in relation to the social aspect of their advance care directives were implemented.

Other residents as part of their personal plans were supported to go to football matches, to visit art galleries and participate in interests such as gardening. One resident provided the inspector with a tour of the garden. The resident demonstrated a huge sense of pride and achievement in relation to the flowers, shrubs, trees and vegetables growing within the garden. The resident was knowledgeable in relation to the names of the various variety of foliage within the garden.

Depending on the needs and preference of residents they were supported to attend a day service or participate in activities within the designated centre or within the local community. In recent weeks a vintage tea part was held within the designated centre for resident, family members, friends and members of the community.

Residents were also supported through the process of bereavement when fellow residents passed away. The inspector viewed various elements of this within the designated centre for example, a picture of the deceased resident was placed near their favourite place in the designated centre. Religious events took place to mark anniversaries within the designated centre and family members were invited back to the designated centre to participate in these events.
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):
No actions were required from the previous inspection.

Findings:
The inspector found the designated centre was suitable and safe for the number and needs of residents. Improvements were required in the area of sharps and risk management.

Sharps were used within the designated centre and the inspector requested to see documentation in relation to the management and disposable of sharps. This was not available. There was no label or tagging system used for the sharps bin.

The designated centre had a health and safety statement in place. This document outlined, the responsibilities of the various post-holders within the organization was outlined. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. The designated centre had an emergency evacuation plan in place for a number of various events such as, fire, adverse weather conditions, flooding and power failure. The plan also identified where overnight accommodation would be provided in the event residents could not return to the designated centre.

The designated centre had an organisational risk management policy in place this included the specific risks identified in regulation 26. The designated centre had a risk register, this recorded a number of risks within the house and the controls in place to address these. There were also individual risk assessments in place which included, self-harm, choking and aspiration. The person in charge had reviewed and signed these off. The inspector found some of these were not up-to-date within the files viewed. However, these had been reviewed in 2016 and were not located within the resident's files these were printed out on the day of inspection. Individual risk assessments in relation to smoking were not completed.

The inspector asked to view fire drills, no issues were identified within these as residents evacuated the designated centre safely.

The inspector viewed five residents PEEPs (personal emergency evacuation plans) and found these contained up-to-date information.
There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company as required by regulations. Annual service was completed in December 2015 and the previous quarterly completed in September 2016.

The inspector viewed evidence of beds and air mattress being serviced along with hoists and the bath within the designated centre. The inspector was informed the wheelchair lift on the bus was to be serviced in two days.

Staff members also had up-to-date training in manual handling with three staff members requiring first aid training. The person in charge identified these individuals would not be working together or in a lone worker capacity with residents until training was completed.

**Judgment:**
Substantially Compliant

### Outcome 08: Safeguarding and Safety
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found appropriate measures to protect residents from being harmed were in place within the designated centre.

The action identified from the previous inspection in relation to staff receiving training in safeguarding and protection was achieved.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, this provided clear guidance to staff on how to manage any incident of concern arising in the designated centre. The policy provided guidance to staff on how to recognise abuse and their responsibility in reporting it.

From speaking with staff members the inspector found they understood their role in protecting residents and the reporting procedures if they had any concerns.
There was also a designated person to deal with any allegations of abuse. Details of this person were on public display in the designated centre.

There was a policy in place for the provision of intimate personal care dated 01 September 2014. Personal and intimate care plans were in place and provided comprehensive guidance to staff in meeting the personal care needs of each resident.

There was also a policy in place for the use of restrictive practices in the designated centre this was updated on the 30 September 2016.

Positive behaviour support plans were in place as required and contained clear guidance for staff members.

**Judgment:**
Compliant

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### 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:**
The inspector found arrangements were in place to ensure residents healthcare needs were regularly reviewed with appropriate input from allied health care professionals where and when required. Each resident was supported to achieve best possible health.

The healthcare needs of residents were completed via a plan called 'my health and wellbeing plan'. From a sample of four files viewed the inspector observed healthcare plans were informative on how each resident was supported to experience best possible health. This was in relation to personal hygiene, dental care, mobility, skin care, eye care, foot care and positive mental health.

The inspector found monitoring documents were available and maintained in the designated centre. There were arrangements in place to ensure residents healthcare needs were regularly reviewed with appropriate input from allied healthcare professionals such as, dentists, opticians, dietician, physiotherapist, chiropodist and speech and language therapist. The person in charge informed the inspector arrangements were in place in relation to residents having access to the local G.P. (general practitioner) all residents had received an annual review including, phlebotomy tests as required for some residents due to their medication and clinical observations and treatments were provided for.
The inspector found residents received food at mealtimes within the designated centre in accordance with the residents' preferences in relation to food choices.

Staff members were knowledgeable in relation to the implementation of resident's food requirements. The inspector viewed feeding, eating, drinking and swallowing (F.E.D.S) assessments in place for some residents. The need to provide modification to the texture of food for residents was accommodated, and was clearly detailed within residents care plans.

The inspector viewed user-friendly menu selections for refreshments and snacks available for residents within the designated centre outside mealtimes.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found policies and procedures were in place for the safe management of medications. Improvements were required in relation to the system of labelling residents medication.

The inspector found some medication was unlabelled and other medication such as, syrups and topical creams did not contain the opening date.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines dated 01 September 2016. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received.

The inspector also viewed evidence of staff nurses engaging in the process of second dispensing regularly within this designated centre. However, the organizations policy did not correspond with this practice. "When clients are leaving a location second dispensing should only be undertaken by staff in exceptional circumstances". The inspector asked if the incidences the inspector viewed were exceptional circumstances however, staff confirmed these were not, as this would be completed if residents were on outings and other day trips.
The inspector crossed checked the balances of some medication and found these to be accurate including scheduled medications. These had additional required controlled measures in place.

The inspector viewed medication plans, these contained person-centred information in relation to residents medication needs. For example, residents' preferences were included in their plan in relation to the type of containers residents preferred their medications in. The inspector found one resident's plan required updating to reflect current prescription.

Administration sheets were in place for each resident, a number of these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication.

Staff signatures were present within the signature bank within each administration book.

The inspector observed all medication was stored in a secure, locked cabinet and the keys to access the medication cabinet were held securely by staff.

There was a system in place for recording, reporting errors and reviewing medication, the person in charge presented some of these to the inspector one was dated 07 October 2016. Clear learning was evident in relation to the errors within the designated centre in order to mitigate future risk of reoccurrence.

**Judgment:**
Non Compliant - Moderate

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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):**
No actions were required from the previous inspection.

**Findings:**
Overall, the inspector found there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered. Improvements were required in the area of auditing and
staff supervision.

A sample of staff supervision records were viewed; these were not completed regularly as these were dated November 2015 and June 2014. The person in charge identified they had 69 staff members between the three locations. Therefore, it was not feasible to complete regular staff supervision. The inspector also viewed evidence of the person in charge identifying this issue to their senior service manager.

The inspector observed some audits within the designated centre these included documentation audits dated 23 June 2016. Medication was audited by the pharmacist in 2015 no audit of the medication management system in place was evident.

There was an annual review of the quality and care completed in this designated centre dated September 2015.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 26 and 27 January 2016 and another one was completed on the 03 August 2016.

The inspector viewed minutes of the person in charge attending the senior management team meeting. These were dated 26 April 2016 with two other meetings taking place on the 26 July 2016 and the 28 June 2016. Areas discussed related to the whole organization including training, budgets and safeguarding and protection.

The person in charge met with the senior service manager along with other persons in charge within the region (cluster meetings) dated 17 June 2016. Issues relating to transport, volunteers, complaints and incidents and documentation reviews were discussed during this meeting.

The inspector viewed minutes of staff meetings within the designated centre dated the 04 April 2016 and the 16 May 2016. Areas discussed included policies relating to the designated centre and the roles and responsibilities staff members had in relation to various policies such as, safeguarding. Health and safety issues were also discussed with outcomes of audits and other information relevant to the designated centre including dementia awareness information.

The designated centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The person in charge facilitated this inspection. From speaking with the person in charge at length over the course of the inspection it was evident they had an in-depth knowledge of the individual needs and support requirements of each resident. Each staff members spoken with was extremely complementary of the support provided to them from the person in charge. They all acknowledged how approachable and available this member of staff was when the need arose within the designated centre. The person in charge was supported in their role by a senior service manager. The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the designated centre and the remit of the Health Act (2007) and Regulations. Throughout the course of the inspection the inspector
observed all residents knew the person in charge and were very comfortable communication with this member of staff. The person in charge worked on a full time basis between this designated centre and two other designated centres.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found there were sufficient staff numbers with experience deployed to meet the assessed needs of the residents. Improvements were required in relation to staff training.

From a sample 36 staff training records reviewed, fifteen staff members required refresher training in epilepsy and the administration of rescue medication and four staff members required full training.

Two staff members training in behaviour management and three staff members required first aid training.

The inspector viewed the proposed and actual staff rota and found them to be accurately maintained. Consistency within the workforce was promoted with the support of regular relief staff used to provide cover for staff vacancies. The person in charge was also available to assist as this designated centre was actively recruiting staff.

Staff files were not reviewed as part of this inspection as these are held within the organizations head office off-site these were reviewed as part of the previous inspection.

The inspector observed residents received assistance in a respectful manner.

These were no volunteers within the designated centre.

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

Findings:
The inspector viewed this outcome in respect of the action identified from the previous inspection and found the action was achieved. During the course of the inspection other areas pertaining to this outcome was identified.

Over the course of the inspection the inspector found the retrieval of schedule 3 documents difficult. Some documents were present in duplicate versions for example hospital passports, risk assessments, care plans and outdated documents remained within some files.

Schedule 5 documents were now available within the designated centre.

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:
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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident had no written agreement in place.

1. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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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:
This has now been completed, PIC omitted to update this Contract when this client moved into this location earlier in the year.

**Proposed Timescale:** 15/11/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Additional fees charged to some residents were not clearly identified.

2. **Action Required:**  
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:  
All service level agreements to be checked by the PIC and updated to ensure that the details are correct.  
New Tenancy Agreements to be drawn up to meet the requirements of the new long stay contributions and the necessary amendments as highlighted in this report will be included in the new Tenancy Agreements.

Proposed Timescale: 11th December, 2016 and 30th June, 2017 respectively.

**Proposed Timescale:** 30/06/2017

**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:**  
The sharps box was unidentifiable as no label or tagging system was evident.

Some resident’s risk assessments of these were not up-to-date within the files viewed.

No risk assessments were completed for residents who smoked.

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:
The PIC has contacted the suppliers of the Sharps bins to request that the required label and tagging system is evident on all sharp bins delivered to this location. All resident’s files have been checked and up to date risk assessments are now placed on the file.

Risk Assessment have been completed for the two clients that smoke in this location.

Proposed Timescale: 31st December, 2016 and 11th December, 2016 respectively.

Proposed Timescale: 31/12/2016

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:
Some medication was unlabelled.

Some medications such as, syrups and topical creams did not contain the opening date.

Second dispensing was not in line with the medication management policy.

One medication plan required updating.

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 PIC has arranged with the Pharmacy that labels will be provided for all Herbal Medication that were unlabelled or alternatively the Nursing staff in this location will clearly label this herbal medication.
The PIC has emailed all Nursing staff highlighting the importance of writing the date all medication e.g. syrups, topical are opened.
The PIC has set up a weekly check on the drug cabinet to be completed by Night Nursing Staff every Sunday Night to ensure that all drugs are correctly labelled and open dates are on all liquid and topical medications.
The medication policy will be updated by 31st January, 2017.

Proposed Timescale: 11th December 2016 and 31st January, 2017 respectively.
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:
Effective arrangements to support, develop and performance manage all members of the workforce was not evident within the designated centre.

5. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
As a new PIC will be taking over the management of this location in 2017 and the Manager will have sole responsibility for this location only.

Proposed Timescale: 30/04/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Auditing service delivery was limited within the designated centre for example, medication management was not audited to ensure practices were consistent and effectively monitored.

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 medication in this location are counted and recorded on a weekly basis and any discrepancies are recorded through Drug error report on CID. This system will continue to audit and monitor the drugs.
The PIC is implementing a system where the drug cabinet will be checked on a weekly basis by the Night Nurse on a Sunday night to ensure that all medications are correctly labelled, dated, that the drug Kardex's are correctly signed and that the cabinet is clean and all medications clearly identifiable.

Proposed Timescale: 31/12/2016
## Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some staff required refresher training and other required full training.

7. **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:**
A list of staff that require training has been compiled and sent to the Quality and Compliance training team.

**Proposed Timescale:** 30/04/2017

## Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some schedule 3 documents were present in duplicate versions with revised documents present in files along with older documents.

8. **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:**
The PIC will implemented a system whereby the three night staff that work on this location will each on a weekly basis check one resident’s file to ensure that all documents is up to date, that old documentation is filed away, that no duplicates are present. This system will ensure that all resident’s files are updated every five weeks. A signed record of this checking will be kept and the staff member must highlight to the PIC and relevant Keyworker any action that needs to be taken.

**Proposed Timescale:** 31/01/2017