

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Grangemore Rise
Centre ID:	OSV-0002341
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
19 October 2016 09:15	19 October 2016 18:00
20 October 2016 09:40	20 October 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was the second inspection of the designated centre. The purpose of the inspection was to follow up on the actions from the previous inspection in December 2015, in order to inform a registration decision. Thirteen outcomes were inspected against during this inspection. An application was made to the Health Information and Quality Authority to register the centre for seven residents. Planning compliance remained outstanding for an adjoining apartment, as part of the application to register the centre.

How the inspector gathered evidence.

The inspection took place over two days. As part of the inspection, the inspector spoke to five members of staff. A staff member facilitated the first day of inspection, and the person in charge the second day of inspection. The inspector observed interactions between staff members and residents and reviewed documentation such

as personal plans, risk management plans, policies and procedures, incident records, audits and staff supervision records.

Description of the service

The centre had produced a statement of purpose which outlined the aims of the centre were to provide quality services where the assessed needs and expectations of residents are met in accordance with the principles of person-centred care, inclusion, participation, independence, respect and choice. The inspector found overall the service provided met the aims as outlined in the statement of purpose and residents were supported to learn new skills and participate in community activities. The service was resident led and the day to day organisation of the centre was in accordance with the needs and choices of residents. The services and facilities were reflective of the details set out in the statement of purpose. The centre consisted of a two storey premises. An apartment which also was part of the centre was accessed through the rear of the main premises. The centre was located in a suburban area. The centre had a bus and a local public transport system was also available. The centre provided services to both males and females. There were six residents residing in the centre at the time of the inspection, and one vacancy.

Overall judgment of findings

The inspector found residents were not protected by the centre's policies and procedures for medication management and this outcome was deemed a major non-compliance. A moderate non-compliance was identified in outcome 14, and related to inadequate response by management to ongoing medication management issues. In addition, adequate supervision and support was not in place for the person in charge.

Good practice was identified in the remaining outcomes inspected against including social care needs, health care needs and general welfare and development, whereby residents' needs were met in line with assessments. Significant improvement was identified in opportunities for residents to gain further skills through training and education. The premises was safe and suitable for its stated purpose, appropriate equipment had been made available for a previously identified risk and access to the internet had been provided since the last inspection.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end 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 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found the use of residents money was in accordance with the agreement set out in contracts of care.

The inspector reviewed financial records for residents and found all monies spent on behalf of the residents were consistent with the contracts of care. Family members had been informed of any purchases required following a change of residents' need.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found since the last inspection, internet access had been made available for the residents in the centre.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found residents social, health and personal needs were assessed and the arrangements to meet these needs were set out in a personal plan. Personal plans were fully implemented. Residents were supported to access a range of varied and meaningful activities.

Each resident had an assessment of their health, social and personal needs and multidisciplinary team members were involved in the assessment process where required. The assessment of need was reviewed a minimum of annually and residents were involved in the assessment if they so wished. For example, residents had an assessment of their social needs and personal development, and subsequent goals were developed with residents to meet these needs.

Personal plans were developed for residents for all assessed needs. For example, social care plans outlined interventions such as accessing local facilities, meals out, meeting family, going shopping and attending swimming. Healthcare plans were also developed specific to assessed needs and detailed the care to be provided. The personal plans also contained intimate care plans, behaviour support plans, medication management plan, communication plans and sensory integration plans, developed following assessment by the relevant multidisciplinary team members. Personal plans were reviewed a minimum of annually or as needs changed.

Plans were developed into an accessible format for residents and easy to read information was available for residents on a variety of plans, interventions and health

promotion initiatives.

The inspector found families were involved in the review of personal plans and attended meetings to discuss personal plans and any proposed changes. Regular contact was maintained with families through phone calls and direct contact to highlight any issues and developments.

Residents accessed a variety of activities as per their interests and wishes, for example, going shopping, going for meals out, attending swimming, attending local college courses and going on holidays.

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):

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

Findings:

The inspector found the premises was equipped to meet the needs of the residents.

Appropriate equipment was provided to ensure residents' needs were met. Equipment recommended following multidisciplinary team reviews had been sourced in a timely manner.

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):

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

Findings:

The inspector found the health and safety of residents, visitors and staff was promoted and protected.

There was a policy relating to risk management and procedures were in place in the centre for the identification and management of risks. Individual and site specific risk assessments were developed and outlined the measures in place to control identified risks. For example, lone working, the use of assistive equipment and the use of chemicals. A risk register was in place identifying risks categorised as high risk. The inspector reviewed a record of incidents in the centre and found most incidents had been responded to appropriately with the exception of medication incidents. This is discussed in Outcome 12. Follow up reviews with relevant practitioners had been completed after incidents and where required additional control measures to prevent reoccurrence of incidents were implemented.

There were policies and procedures relating to health and safety including food safety, waste management, hand hygiene and environmental hygiene. A health and safety audit was completed by the person in charge on a monthly basis and where issues were identified, actions were taken, for example, the installation of assistive equipment. There was an up to date health and safety statement in the centre.

There were policies and procedures relating to incidents where a resident goes missing and outlined the actions to take, including responses where either one or two staff were available. Appropriate follow up action had been taken with additional control measures implemented following an incident where a resident went missing.

Suitable arrangements were in place for the prevention and control of infection. Adequate hand washing facilities were available throughout the centre and personal protective equipment such as gloves and disposable aprons were provided.

Measures were in place to promote safety and prevent accidents, for example, wet floor signs were used to prevent falls, handrails were available to promote safety on stairs and a hoist was available to assist with manual handling. Staff had received training in manual handling.

Suitable fire equipment was provided throughout the centre such as a fire alarm, emergency lighting, fire extinguishers and a fire blanket. All fire equipment had been serviced within the last year. Fire exits were lit with exit signs and all exits were unobstructed on the day of inspection. All staff had received training in fire safety and staff spoken to were knowledgeable on the evacuation procedure in the centre.

Personal emergency evacuation plans had been developed and outlined the support residents required to evacuate the centre in the event of a fire. There was an emergency evacuation plan in the centre which was prominently displayed. Fire drills had been completed three times in the past year and the inspector reviewed records of these drills. Residents and staff had evacuated the centre in a timely manner, and

corrective action had been taken to an issue identified during a fire drill.

The centre's vehicle was not checked as part of this inspection.

Judgment:
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 residents were safeguarded and appropriate measures were in place to support residents' emotional wellbeing. Restrictive practices were applied in accordance with national guidelines. Improvement was required to ensure staff had updated training in safeguarding.

While all staff had received training in safeguarding, some staff had not received refresher training for a number of years. The policy on safeguarding had been updated in the past year and outlined the procedures in place for the prevention, detection and response to abuse. Staff spoken to were knowledgeable on the response to an allegation, suspicion and disclosure of abuse. There was a designated liaison officer appointed. Staff members were observed to treat residents in a respectful and friendly manner. Safeguarding formed part of the six monthly audit completed by the provider. There were no safeguarding concerns identified in the centre on the day of inspection.

There was a policy available on the provision of personal intimate care and intimate care plans were developed for residents where required. These plans detailed the support to be provided to residents while ensuring dignity and privacy were maintained.

There were policies on the provision of behavioural support and on the use of restrictive procedures. Appropriate therapeutic supports were provided to assist residents with emotional wellbeing. Behaviour support plans were reflective of these therapeutic supports and guided practice in the prevention and response to behaviour that challenges.

Some environmental restrictive practices were in place in the centre and staff described to the inspector the circumstances under which these restrictive practices would be applied. There was evidence in behaviour support plans and sensory plans of the alternative measures tried prior to the implementation of restrictive practices and the inspector found these practices were applied for the shortest duration possible. Restrictive practices had been referred to a service committee with approval given for one year by this committee. An interim review had been completed by the person in charge and the relevant multidisciplinary team members on the use of these practices.

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):

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

Findings:

The inspector found a record of incidents occurring in the centre was maintained and where required the Health Information and Quality Authority (HIQA) had been notified.

The inspector reviewed records of incidents and practices in the centre. Adverse incidents had been notified to HIQA within the specified timeframe. Incidents and practices had been notified as required on a quarterly basis to HIQA.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

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

Findings:

The inspector found residents had opportunities to develop new skills through training and education.

Since the last inspection, training and education goals had been developed for residents and were outlined in plans in a picture task analysis format. The training and educational opportunities were appropriate to residents needs and wishes, for example, learning household tasks, completing a gardening project, assisting with recycling and attending a local college course. The inspector observed these plans being implemented on the day of inspection. A resident told the inspector they enjoyed attending a college course weekly.

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):

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

Findings:

Overall the inspector found residents were supported to achieve and maintain good health.

Residents had access to a range of allied health care professionals and residents' health care needs had been reviewed regularly. Timely referrals and assessments had been completed where the need arose and recommendations made by allied health care professionals formed part of health care plans.

Residents accessed a general practitioner (GP) of their choice in the community and a GP employed by the St Michaels House service was also available to residents. Residents were also supported to avail of community health services and general hospital services.

Information was available to residents on health care plans and on health promotion initiatives.

The inspector reviewed a sample meals provided to residents and found the food provided was available in plentiful quantities. Food was nutritious and varied and snacks were available for residents. Mealtimes appeared to be a relaxed and positive event for residents. The advice of a dietician and speech and language therapist formed part of nutritional plans where required, and the inspector observed these plans were implemented.

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):

No actions were required from the previous inspection.

Findings:

The inspector found residents were not protected by the policies and procedures for medication management. Some practices were not safe and in accordance with best practice. Appropriate actions had not been taken following medication errors to prevent reoccurrence and reduce the risk of adverse effects for residents.

The inspector found some medication administration practices in the centre were not safe and increased the risk of potential medication errors in the centre. The inspector also found the policy on the administration of medication and a procedural guide did not comprehensively support safe administration of medication, specifically relating to this unsafe practice.

The inspector reviewed records of medication errors in the centre and found appropriate reporting and follow up actions had not been taken as per the centre's policy on drug errors and incidents. Advice had not been sought from the relevant professional on discovering medication errors. No follow up preventative measures had been implemented following medication errors. There was no evidence that the strategy outlined in the policy to identify trends or issues, which may have led to medication errors had been explored. Medication management was identified on the centre risk register as a high risk by the person in charge when it was last updated in July. However, the inspector found the control measures in place had not mitigated the risk and the actual cause of medication errors had not been established to date. Monthly medication management audits were also completed and audits had identified medication errors that had occurred during the preceding month. However, the inspector found no actions arose from the outcomes of these audits in relation to medication errors.

Medications were securely stored in a locked press. Prescription and administration records were complete. PRN (as required) medication prescriptions documented the circumstances in which these medications should be administered, and prescriptions had the maximum dosage in 24 hours stated.

Suitable arrangements were in place for the disposal of used or out of date medications and these medications were stored separate from regular medications.

The centre availed of the services of a community pharmacy.

By the end of the inspection, the person in charge had arranged for a review of medication management practices to be completed within a one week timeframe by a relevant professional.

Judgment:

Non Compliant - Major

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:

The inspector found that while there was a clearly defined management structure in the centre, the management system in place had not consistently ensured a safe service specifically in relation to medication management. The inspector also found adequate support and supervision was not in place for the person in charge. Planning remained outstanding for an adjoining apartment which was part of the centre.

A complete application to register the centre was yet to be received by HIQA and planning compliance remained outstanding for an adjoining apartment.

The management systems in place were regularly monitored and there were a variety of audits completed pertaining to the care and support in the centre, for example, health and safety audits, financial audits and a fire safety audit. However, the inspector found the monitoring and responding to medication errors was not sufficient to ensure the safety of the residents on a consistent basis.

The staff reported to the person in charge who in turn reported to a service manager. Supervision was completed for staff by the person in charge on an annual basis and staff stated they felt supported by the person in charge. However, the inspector found

adequate arrangements were not in place to support the person in charge and the last documented meeting with the service manager had been in April 2016. In addition, formal supervision had not been facilitated for the person in charge.

A six monthly unannounced visit had been completed since the last inspection, by a service manager on behalf of the provider and included audits of practices such as medication management, complaints, transport, residents' needs, risk assessments. Actions had been developed for most identified issues with the exception of medication management. Most actions were completed on the day of inspection with one action in progress.

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:

The inspector found there were sufficient staff with the right skills, qualifications and experience to meet the needs of the residents. Staff training needs had been met and staff were supervised appropriate to their role.

There were enough staff employed in the centre to meet the needs of the residents. Nursing care was provided in line with residents' needs. The centre also employed social care workers and care staff. There were three staff on duty during the day and two staff at night time, one on night duty and one on sleep over duty.

There was an actual and planned roster detailing the times staff were on duty and the inspector found staff resources were effectively deployed.

Staff were observed to treat residents in a warm and friendly manner and the inspector found all staff spoken to were knowledgeable on the residents' needs and the support in place to meet those needs.

The inspector reviewed records of staff training. Staff had received all mandatory training and refresher training had been provided with the exception of safeguarding

training. Additional training had also been provided, enabling staff to deliver safe and appropriate care and support, for example, food safety and restrictive practices.

The inspector reviewed records of staff supervision. Supervision was facilitated on an annual basis and incorporated areas such as keyworker role, teamwork, training needs, career planning and quality of work. Areas for improvement were identified where required.

The procedures for recruitment in the centre included the checking and recording of all required information.

Judgment:
Compliant

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:

Since the last inspection a policy was developed on access to education, training and development for residents. A recent review of the admissions policy was completed and the policy now included the temporary absence of residents. There was a centre procedure in place in the event a resident goes missing.

The policy on recruitment, selection and Garda vetting had been reviewed since the last inspection.

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:

Caroline Vahey
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:	Grangemore Rise
Centre ID:	OSV-0002341
Date of Inspection:	19 October 2016
Date of response:	16 November 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 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff did not have up-to-date training in safeguarding.

1. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and

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

response to abuse.

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

- 7 staff who completed Initial Training during 2013 are scheduled to complete refresher training on January 20th and 27th 2017.
- All staff have read the two revised Safeguarding Policies and have completed a sign off sheet in respect of this.

Proposed Timescale: 27/01/2017

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 administration practices in the centre were not safe.

The response to medication incidents was found not to be appropriate, and the risk of reoccurrence had not been mitigated.

2. 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:

1. PIC carried out a review of Medication Management in conjunction with Health and Medical Trainer - 25/10/2016.
 - Medication will be supplied weekly by the pharmacy by 1st December 2016 in order to reduce amount of medication stock in the centre.
 - The Local medication Policy was reviewed - 19/10/2016
 - The PIC discussed updated policies and appendices at staff meeting - 11/11/2016
 - A tracking system for medication errors has been developed 25/10/2016
2. Nightly medication audit commenced for identified residents - 19/10/2016
3. PIC will continue to carry out monthly medication audit in the centre. Any discrepancies/action, Service Manager and Health & Medical trainer will be notified.
4. Follow up review proposed to take place in 3 monthly basis

Proposed Timescale: 01/12/2016

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:

Planning compliance had not been received by HIQA with regard to an adjoining apartment.

3. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The architect has sought confirmation from the planning consultant to confirm all documentation is available to ensure planning compliance.

All relevant documentation in relation to planning compliance will be forwarded to the Authority

Proposed Timescale: 30/11/2016

Theme: Leadership, Governance and Management

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

Appropriate arrangements were not in place to support the person in charge. In addition, formal supervision had not been provided to the person in charge.

4. 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:

PIC & Service Manager carried out Support/Supervision meeting 01 November 2016. the minutes of these are available in the centre.

Next Support/Supervision meeting date is December 13, 2016.

Service Manager will schedule Support/Supervision meetings every 6-8 weeks. Copies of support/supervision meetings between the Person in Charge and the Service Manager are now held in the centre.

Cluster meetings take place bi-monthly.

Proposed Timescale: 01/11/2016

Theme: Leadership, Governance and Management

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

The management systems in place did not ensure the service provided was consistently safe specifically in relation to medication management. The response to medication errors and outcomes of audits were not adequate in this regard.

5. 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:

PIC will continue to carry out monthly medication audit in the centre. Any discrepancies/action, Service Manager and Health & Medical trainer will be notified.

Proposed Timescale: 25/10/2016