**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>South County View Brittas</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003711</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Three Steps</td>
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<tr>
<td>Provider Nominee:</td>
<td>Aileen Brady</td>
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<tr>
<td>Lead inspector:</td>
<td>Maureen Burns Rees</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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.
**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 23 August 2016 09:00  
To: 23 August 2016 18:30

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

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<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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**Summary of findings from this inspection**

Background to the inspection:
This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous monitoring inspection was in April 2015, and, as part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:
As part of the inspection, the inspector spent time with two children. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspector interviewed the person in charge and three care support workers. Subsequent to the inspection, the inspector spoke with the service development manager over the telephone. The inspector reviewed care practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:
The service provided was described in the provider's statement of purpose. The centre provided full-time residential care for up to five children, boys and girls. At the
time of inspection there were four children living in the centre. The centre was located in a rural setting but within a short car journey distance from a local town. The centre had a spacious and secure garden surrounding it.

Overall judgement of our findings:
Overall, the inspector found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge continued to demonstrate adequate knowledge and competence during the inspection, and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

Good practice was identified in areas such as:
- Systems were in place to assess children's individual needs and choices. Each child had a personal support plan in place which detailed their assessed needs (Outcome 5);
- Systems in place to support staff in protecting children in relation to medication management that were in line with the centre's policies and procedures (Outcome 13)
- Some management systems were in place to ensure that the service provided is safe, appropriate to residents needs and consistent (Outcome 14)

Some areas of non-compliance with the regulations and the national standards were identified. These included:
- Improvements were required in relation to risk management and fire drill arrangements (Outcome 7)
- There were measures in place to safeguard the children living in the centre. However, some improvements were required in relation to documentation (Outcome 8)
- The full staff complement was not in place in the centre and supervision arrangements required some improvement (Outcome 17).
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):
No actions were required from the previous inspection.

Findings:
The care and support provided to children reflected the assessed needs and wishes of the children and or their families. There were systems in place to assess children's individual needs and choices. Each child had a personal support plan in place which detailed their assessed needs.

There were processes in place to formally review children's personal support plans. There was documentary evidence to show involvement of the multidisciplinary team and the child's family in these reviews as per the requirement of the regulations. The reviews focused on the outcomes for children in terms of goals set and resulted in further goals being set or revised as appropriate. There was a process in place whereby three goals were identified for each of the children each month and progress against the goals chosen was monitored over the month.

One young person living in the centre was over 16 years and was in statutory care. Although the young person had an allocated social worker, an aftercare worker had not yet been put in place as required by the national standards and regulations for children in statutory care. There was one other young person in the house who had recently turned 16 years, and the person in charge reported that transition plans for this young person to adult services would commence in the coming period.

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 health and safety of the children, visitors and staff were promoted and protected. However, some improvements were required in relation to risk management and fire drill arrangements.

The risk management policy in place met the requirements of the regulations. The inspector reviewed a sample of individual risk assessments for children, which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was an up to date safety statement in place. Hazards and repairs were reported to the provider’s maintenance department, and records showed that requests were attended to promptly. There was a risk register in place. However, it was dated May 2014. While the person in charge reported that some changes had been made since, these were not dated. It was evident that the register was not being maintained as a living document. There were a number of other formal risk assessments on file, but some of these had not been reviewed for more than 12 months.

There were appropriate systems in place for the reporting, investigating and learning from serious incidents and adverse events. This promoted opportunities for learning to improve services and prevent incidences. There was a system used to report all incidents which also recorded actions taken. At the time of the previous inspection, the centre did not demonstrate sufficient analysis of slips, trips and falls so that children remained safe from injury in the centre. Since that inspection a procedure was put in place whereby slips, trips and falls were analysed on a monthly basis as part of the overall rights review and restrictive practice review procedure for the overall service.

Infection control procedures in place were satisfactory. There was an infection control policy in place. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment, which was securely stored, was used in the centre. There was a cleaning schedule in place and records maintained of tasks undertaken. Records showed that a three monthly deep clean was undertaken by an external company. The inspector observed that there were appropriate hand-washing facilities available for staff. Staff told the inspector that they had attended hand hygiene training and were observed to be using a good hand-washing technique.

Safe and appropriate practices were in place in relation to manual handling. Records showed that staff had attended manual handling training.
There were adequate precautions in place against the risk of fire, however, some improvement was required regarding fire drills. The centre had a designated fire officer. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. The inspector found that there was adequate means of escape and that all fire exits were unobstructed.

A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was a fire policy in place which outlined that fire drills would be undertaken on a three monthly basis. However, fire drills were not being undertaken in line with the frequency specified in the policy. Records of fire drills undertaken did not always record the time taken for the evacuation or any other remarks. However, the inspector did find that individual work had been undertaken with one young person who found the fire drill process difficult which resulted in the young person engaging better in the process.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
There were measures in place to safeguard the children living in the centre. However, some improvements were required in relation to documentation.

There was a child protection policy in place dated 2014 which was in line with Children First: National Guidance for the Protection and Welfare of Children, 2011 (Children First, 2011). However, the designated person and liaison person listed in the policy was not correct. The contact details for the designated person and liaison person were available in the centre and known by staff interviewed. There had been one suspicions or allegation of abuse since the last inspection. This had been appropriately recorded, investigated and responded to in line with the centres policy, national guidance and
legislation. Staff who spoke with the inspector were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. The management of children's finances was adequate to protect residents. All staff had been trained in Children First, 2011 but a number of staff were overdue to attend refresher training. The person in charge reported that they were scheduled to attend same.

The inspector reviewed the statutory care plan and centres placement plan for one child who was in statutory care. The plans in place outlined that access with this child’s family was to be supervised at all times. In the preceding four-week period, the inspector noted that the child was having periods of unsupervised access with their family. This was recorded in the daily records. However, there were no other records on file to show when this decision had been made. The person in charge outlined that the decision had been reached in court and that the child's social worker had advised the centre of the new arrangements. However, this was not documented in the child's file. On the day of inspection, upon request from the inspector the child's social worker outlined via email the arrangements for unsupervised access.

The inspector observed that staff members interacted with children in a warm, respectful and dignified manner. An intimate care policy and individual intimate care plans for children based on their assessed needs were in place.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenged. There was a policy in place for the provision of behavioural support. Staff were trained in managing behaviour that challenged including de-escalation and intervention techniques. Behaviour support plans were in place for a number of children which provided good detail to guide staff. However, a number of these plans were overdue for review. Staff spoken with were familiar with individual children's behaviour support plans. There was minimal use of restrictive practices in the centre. Where restrictive practices was in use, risk assessments had been undertaken, usage was monitored and restrictive practices in place were approved by the providers rights review committee. There was a restrictive practice log in place. Staff told inspectors that all alternative measures were considered before a restrictive procedure would be put in place.

**Judgment:**
Substantially 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):**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
Each of the children's healthcare needs were being met and promoted.

At the time of the last inspection, there was no plan in place on how to respond to medical emergencies for one child if this meant hospitalisation, and the provision of care was not planned in accordance with their rights or religion. However, subsequent to that inspection the young person was discharged from the service. There was evidence that the ambulance service had visited the centre for the purpose of pin pointing the area code location in the event of an emergency.

At the time of this inspection, the inspector found that children's healthcare needs were met in line with their personal plans through timely access to healthcare services and appropriate treatment. Each of the four children living in the centre had their own general practitioner. There was evidence that each of the children had a recent health check and that health action plans were in place for some of the children. The inspector noted that staff had advocated on behalf of a child for specific surgical treatment required. A number of the children had access to allied health care services which reflected their different care needs.

A range of nutritious, appetizing and varied foods were available in the centre for the children. Meal times were at times which suited the young people. A good supply of healthy snacks were available in the centre for children to choose from.

**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

**Findings:**
There were systems in place to support staff in protecting children in relation to medication management which were in line with the centres policies and procedures. However, a signature bank for staff signatures was not in place.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to children. The inspector found that all prescribing and administering practices were in line with best practice guidelines and legislation. The inspector reviewed a sample of medication prescription and administration sheets and found that they had photographic identification in place for each child and had been appropriately completed and reviewed.
There were systems in place to review and monitor safe medication practices. A medication officer had been appointed within the service since the last inspection. There was evidence that regular audits of medication practice were undertaken by staff in the centre and that a yearly audit was undertaken by the pharmacist.

Staff involved in the administration of medication had received appropriate training. Staff spoken with were knowledgeable about the children's medications and demonstrated a knowledge of appropriate medication management principles and adherence to professional guidelines and regulatory requirements. Medications used were found to be appropriately stored in locked cupboards. Medication was supplied to the centre using a blister pack system. There were no controlled drugs in use in the centre at the time of inspection. Furthermore no chemical restraints were being used in the centre.

There was a process in place for the handling and disposal of unused and out of date drugs. This included a requirement for the pharmacist to sign off on receipt of returned medications.

**Judgment:**
Substantially Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Some management systems to ensure that the service provided is safe, appropriate to residents needs and consistent were in place. However, improvements were required.

At the time of the last inspection, an annual review of the quality of care provided had not been completed. Since that inspection an annual review had been completed for 2015. However, the provider had not visited the centre at least once every six months and produced a report on the safety and quality of care as per the requirements of the regulations. There was evidence that the provider had undertaken an unannounced inspection at the end of June 2016. This had recently been received by the centre. However, the inspector noted that responsibility for actions and timelines had not been
specified. A number of other audits were undertaken in the centre and used to inform key indicators. However, the inspector found that a number of these audits were not dated and progress against actions was not always recorded.

The centre was managed by a suitably qualified, skilled and experienced person. She was supported by a deputy manager who was off on unexpected leave at the time of inspection. The person in charge worked in a full-time post and reported to a service development manager who in turn reported to the chief executive officer. The management structure had recently been restructured with the appointment of four service development managers across the service. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear understanding of the support needs and plans for children living in the centre. There was clear management reporting structures in the organisation. Staff told the inspector that the person in charge provided them with good leadership, support and guidance. There was evidence that a planning day for the centre had been undertaken in April 2016 where the staff roster, centre budget and key performance indicators were considered.

**Judgment:**
Substantially Compliant

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

**Findings:**
At the time of inspection, the full staff complement was not in place in the centre which had the potential to adversely impact on continuity of care. Staff supervision arrangements required some improvement.

As outlined in the providers statement of purpose, the staff complement for the centre was 13 whole time equivalent staff. However, at the time of inspection there was one vacancy and two staff member were off on unexpected leave. A small number of other staff were also due to move on from the centre. This had necessitated the use of agency staff on a regular basis. In addition, in the preceding 12 month period there had been a considerable turnover of staff in the centre. Therefore, the majority of staff had only worked in the centre for a relatively short period. This meant that the children did not
always have continuity in their care givers. There was an actual and planned staff rota. The person in charge reported that recruitment for the staff vacancies was underway.

A training programme for staff was in place and coordinated by the provider's training department. There was a staff training and development policy in place. The provider had undertaken a training needs analysis in 2014 across the service. Records showed that training deficits had been identified for a small number of staff who had been scheduled to attend the training identified over the coming months. The inspector noted that copies of the standards and regulations were available in the centre. Staff to whom the inspector spoke were familiar with the standards and the regulations.

Staff supervision arrangements were in place. However, it was not always undertaken in line with the timelines specified in the providers policy. This meant that staff performance was not always being formally monitored on a regular and consistent basis in order to address any deficits and to improve practice and accountability. The inspector found that supervision when undertaken was of a good quality.

There were no volunteers working in the centre.

**Judgment:**
Non Compliant - Moderate

**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:**

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003711</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 August 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 October 2016</td>
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Requirements

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

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

Outcome 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 risk register in place. However, it was dated May 2014 and although the person in charge reported that some changes had been made since, these were not dated and it was evident that the register was not being maintained as a living document.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
There were a number of other formal risk assessments on file but some of these had not been reviewed for more than 12 months.

1. **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 risk register is currently being reviewed and the system for updating the risk register and reviewing risks is being updated. The new system will be implemented by November 30th 2016.

   **Proposed Timescale:** 30/11/2016
   **Theme:** Effective Services

   **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
   Fire drills were not being undertaken in line with the frequency specified in the fire policy.

   Records of fire drills undertaken did not always record the time taken for the evacuation or any other remarks.

2. **Action Required:**
   Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

   **Please state the actions you have taken or are planning to take:**
   Further to the inspection, fire drills are now taking place in line with the frequency outlined in the policy. Time taken for evacuation is now being recorded following each fire drill, along with any other relevant information. The manner in which the information is recorded will be reviewed and a new recording put in place by 30.11.2016.

   **Proposed Timescale:** 30/11/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Behaviour support plans in place for a number of children were overdue for review.
3. **Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
Behaviour Support Plans have been reviewed by October 2016. A Behavioural Therapist has been consulted relative to one young person’s Behaviour Support Plans and plans are in place to revise same.

**Proposed Timescale:** 31/12/2016

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statutory care plan and centres placement plan for one child in statutory care outlined that access with the child’s family was to be supervised at all times. In the preceding four week period the inspector noted that the child was having periods of unsupervised access with their family which was recorded in the daily records. However, there were no other records on file to show when this decision had been made.

4. **Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
Written confirmation was provided on 23.08.16 by the young person’s Social Worker outlining the current family access arrangement.
Written confirmation that includes when family access visits are to be supervised and unsupervised needs to be received from Social Worker in writing.

**Proposed Timescale:** 31/10/2016

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated person and liason person listed in the child protection policy were not correct.

5. **Action Required:**
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.
**Please state the actions you have taken or are planning to take:**
The Child Protection Policy is due to be updated to identify the current designated person.

**Proposed Timescale:** 07/12/2016

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**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:**
A signature bank for staff signatures was not in place.

6. **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:**
A signature bank for staff signature will be put in place by the Medication Officer by 16.11.2016.

**Proposed Timescale:** 16/11/2016

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**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:**
Although the provider had undertaken a recent unannounced inspection, previous to that the provider had not visited the centre at least once every six months and produced a report on the safety and quality of care as per the requirements of the regulations.

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

**Please state the actions you have taken or are planning to take:**
The provider will complete an unannounced visit to the centre and complete a report on the safety and quality of care before the 31.12.16. This will be repeated every six months.

**Proposed Timescale:** 31/12/2016
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of other audits were undertaken in the centre and used to inform key indicators. However, the inspector found that a number of these audits were not dated and progress against actions was not always recorded.

8. 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:
Where audits take place, dates will be provided and follow up will be completed to ensure all recommendations and action are completed in a timely manner.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was one staff vacancy and two staff members were off on unexpected leave.

A small number of other staff were also due to move on from the centre.

9. Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
Four social care workers were identified for the staff team and have initiated work since the inspection date. There is no deficit of social care workers at this time.

Proposed Timescale: 01/09/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff supervision was not always undertaken in line with the timelines specified in the providers policy.
10. **Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
A Supervision schedule has been completed by the manager and all staff supervision has been completed. The manager will continue to utilise the supervision schedule to ensure that all staff supervision takes place within the specified time outlined in the supervision policy.

**Proposed Timescale:** 21/09/2016