**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>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004873</td>
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<tr>
<td>Centre county:</td>
<td>Clare</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Eamon Loughrey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

The inspection took place over the following dates and times
From: 27 April 2016 09:30  
28 April 2016 08:20
To: 27 April 2016 18:20  
28 April 2016 15:05

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 an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence
As part of the inspection, the inspector spent time with all residents and spoke with two residents. Residents told the inspector that they were very happy with the care and support they received in the centre. Residents reported that they enjoyed accessing the community on a daily basis especially to go shopping or to the local
walled gardens. A resident outlined that family and friends visited regularly and were always made feel welcome. Another resident outlined the important supports provided to ensure community links with his/her local area were maintained. Some residents were unable to tell the inspector about the views of the quality of the service, but the inspector observed that individualised support was given and residents were comfortable and content in the centre.

The inspector also met with staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) during the inspection and their feedback is included in the report.

Interviews were carried out with the person in charge and the social care worker.

Description of the service
The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a domestic style bungalow located one mile from a small country town. The service is available to adult men and women who have intellectual disabilities.

Overall findings
Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. The provider and person in charge did demonstrate adequate knowledge and competence during the inspection and the inspector was satisfied that both were fit persons to participate in the management of the centre. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in areas such as:
• residents’ rights were promoted (Outcome 1)
• positive relationships with family and friends were promoted (Outcome 3)
• effective governance and management systems were in place (Outcome 14).

Improvement was required in the following areas:
• personal care planning (Outcome 5)
• risk assessments (Outcome 7).

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

Findings:
Residents with whom the inspector spoke and interacted with stated that they felt safe and spoke positively about their care and the consideration they received. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre. Regular residents' meetings took place every two months. Items discussed included social outings, maintenance, complaints management, safeguarding, meal choices and current affairs.

Staff were observed providing residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were encouraged to choose their activities for the day. The inspector saw that steps taken had been taken to support and assist residents to provide consent and make decisions about their care and support.

The inspector observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.
Residents were encouraged to maintain their own privacy and dignity. Each resident had their own bedroom and staff were observed to knock before entering. Suitable locks were provided on the doors of toilets and sanitary facilities. Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. Intimate care protocols were reviewed and the inspector saw that the measures to promote resident's privacy and dignity were clearly documented.

Residents' personal communications were respected and residents had access to a telephone and the internet.

There was a complaints policy which was also available in an accessible format and had been reviewed in June 2015. The policy was displayed prominently throughout the centre. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form included whether the complainant was satisfied. The inspector noted that residents were supported to make complaints by their keyworkers. The investigation undertaken in response to complaints was thorough, comprehensive and prompt. Learning from complaints to prevent recurrence was seen to be implemented such as purchasing a new accessible vehicle.

Residents were encouraged and facilitated to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly in line with the centre-specific policy reviewed in February 2015. Residents were supported to do their own laundry if they wished and adequate facilities were provided.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were completed annually for each resident which outlined the supports and training needs, if any, required. Staff outlined a transparent and robust system for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was to be kept. A daily check of residents' finances was undertaken.

Residents were facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to access religious services in line with their wishes with a religious service facilitated in the centre every month.

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

Findings:
Residents were facilitated to communicate in line with the centre's policy, reviewed in November 2015. Residents had diverse communication needs; some residents used limited verbal communication.

Staff demonstrated an awareness of the different communication needs of residents and implemented the information contained in personal plans. Residents had access to specialist input from speech and language therapists who completed comprehensive communication assessments. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities. The majority of the personal plans viewed by the inspector outlined individual requirements, interventions and goals in relation to effective communication. However, for one resident who used limited verbal communication, there was limited information included in the personal plan in relation to communication requirements. The personal plan stated that staff needed to be familiar with the resident's way of communicating and that visual cues were to be used to offer choices. However, there was no information in relation to the meaning of the resident's signs and gesture to ensure that the resident could communicate effectively with all staff.

The centre was part of the local community and residents had access to radio, television, newspapers, internet and information on local events.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents.

Positive relationships between residents and family members were supported. Residents were supported to spend time with family. Residents were facilitated to keep in regular contact with family through telephone calls. The staff outlined that online video messaging was being set up to enable a resident to stay in contact with family abroad. Residents with whom the inspector spoke outlined that their family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and the inspector saw that families were kept informed of residents’ well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

The inspector reviewed the policy in relation to visitors, which had been reviewed in March 2014. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

Residents were supported to participate in a range of activities in the local and wider community including attending a local day centre, horse riding, playing cards, attending tea dances, trips to the beach, visiting the local walled gardens and going to music sessions. Community links were maintained for residents who had lived in other areas with regular visits to their home and local community facilitated. Residents enjoyed socialising in the local community and residents reported that they enjoyed going for meals and drinks out locally. Residents were encouraged to shop and use services such as the post office, cafés, restaurants, shops, cinema, beautician and hairdresser locally. Residents were supported to join and attend meetings of representative bodies.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.
**Findings:**
The policy on admissions, transfers and discharge or residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement of purpose.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included. The contract was also available in an accessible version. The inspector noted that a recent change to contracts had been discussed individually and collectively with residents.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 05: Social Care Needs</strong></th>
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<tr>
<td><em>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.</em></td>
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| **Theme:** |
| Effective Services |

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

| **Findings:** |
| A sample of residents' plans was reviewed. A discovery document was used to assess the health, personal, social care and support needs of the resident annually and the information contained was individualised and person centred. The discovery document formed the basis of an individual personal plan (IPP). However, the information contained in one discovery document viewed was not complete as details pertaining to the resident's home, sensory needs and biggest concerns/fears were not comprehensively completed.

An IPP had been developed for each resident which included a comprehensive life story, family support network and important background information. The IPP outlined residents' needs in many areas including nutrition, home, work, finance, rights, community inclusion, healthcare, leisure, communication, spirituality, education, spirituality, relationships and life transitions. The resident and their representatives were consulted with and participated in the development of the personal plan. The IPP was |
made available to each resident in an accessible format in line with their needs.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. A number of goals would improve the resident's personal development such as trips away, developing spirituality and buying a new 'kart'. However, the inspector noted that a number of the goals outlined focussed on staff continuing to support the residents in activities of daily living and meeting healthcare needs. The person responsible for supporting the resident in pursuing these goals and the timeframe was not always clearly identified. The lack of definite goals could lead to residents not maximising their personal development.

The person in charge and staff outlined that the IPP was subject to a review on an annual basis or more frequently if circumstances change with the maximum participation of the resident. The inspector noted that the review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the IPP and amendments were made as appropriate.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

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

**Findings:**
The design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs in a homely and comfortable way. The centre was a domestic five bedroom detached bungalow located in a rural location close to a small town. There was a large garden to the front and rear of the bungalow and adequate parking was provided. The centre had been refurbished and decorated with the involvement of the residents and refurbishment plans were discussed with residents.
There was adequate private and communal space for residents. Each resident had their own bedroom which was personalised with the resident’s choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents’ own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including two sitting rooms. A pleasant outdoor seating area was provided that was accessed through the larger sitting room. The smaller sitting room also contained a kitchenette area, was part of a self contained area adjacent to a resident's bedroom and sanitary facilities and was used exclusively by one resident. All rooms were of a suitable size and layout for the needs of residents.

There were adequate sanitary facilities provided throughout with two shower rooms, one of which was en suite, which all contained a toilet, sink and shower. Suitable adaptations were provided as appropriate. A bathroom was also available with a bath, shower, toilet and sink.

The centre was clean, suitably decorated and well maintained. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. An office was provided which provided secure storage.

The centre had a kitchen/dining area that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of waste.

**Judgment:**
Compliant

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**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

**Findings:**
Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre. A proactive approach had been implemented in relation to risk management. However, some improvement was required in relation to risk assessments and the infection prevention and control policy.
There was a health and safety statement, dated July 2014, in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the regulations were included in the risk register. However, the inspector noted a number of risks had not been included in the risk register such as the use of the hoist and bedrails.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

Arrangements were in place for the identification, reporting, investigating and learning from accidents and incidents. The person in charge demonstrated a proactive approach to risk management. An online system for incident reporting had recently been introduced across the organisation which allowed for the timely investigation of all incidents, identification of any trends and review of the effectiveness of preventative actions. The system allowed for the information to be collated into a report which was to be reviewed quarterly by the regional manager and every six months by the service leader.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The fire panel and emergency lighting were serviced on a quarterly basis, most recently in February 2016. Fire safety equipment is serviced on an annual basis, most recently in February 2016. Fire drills took place at least every month and a detailed description of the fire drill, duration, participants and any issues identified were made available to the inspector. Records of daily and monthly visual fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix indicated that all staff had received mandatory fire safety training.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. The inspector noted that the PEEPs were kept under regular review and changes were made in line with the changing needs of residents.

A hoist was available in the centre. The hoist was serviced in line with manufacturer’s guidelines and staff demonstrated a good understanding of the use of the hoist. An individualised and comprehensive manual handling plan was in place for residents who required support in this area. This was augmented by an individualised hoist protocol. Staff with whom the inspector spoke were knowledgeable in relation to the manual
handling plans.

An infection prevention and control policy was available, dated May 2015 and contained information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of an outbreak of norovirus. The centre was visibly clean, personal protective equipment (PPE) was provided and there were adequate hand sanitising and washing facilities. However, the infection prevention and control policy did not include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles. In addition, the training matrix indicated that five staff had not yet completed initial infection prevention and control training and one staff member had not completed initial hand hygiene training.

Two vehicles were available to transport residents. Records made available to the inspector confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained. Quarterly checks of the interior, exterior and equipment were completed and the inspector confirmed that any issues identified were remedied in a timely fashion.

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

Findings:
Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Supports were in place to ensure that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based
and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format.

The intimate care policy, reviewed in May 2015, outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident’s preference in relation to the gender of staff delivering personal care.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

The person in charge confirmed that staff routinely work alone in the centre and robust measures were in place to safeguard residents including unannounced visits from the person in charge, an open visiting policy and mandatory staff training. The contact details for the designated safeguarding officer and the confidential recipient were displayed in the centre. Measures were in place to assist and support residents to develop the knowledge, self-awareness, understanding and skills needed for self care and protection. However, these measures were not outlined in the lone working risk assessment.

The person in charge confirmed that there had not been any incidents, allegations and suspicions of abuse since the commencement of the regulations. The person in charge demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of such incidents in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques. However, four staff were noted to require refresher training in this area.

The inspector reviewed a selection of individualised plans for support behaviour that challenges and spoke with staff. Specialist input from a psychologist and behavioural specialist team had been sought to support residents. Residents and their representatives were involved in discussions and reviews that had been arranged to
support residents to manage their own behaviour. Clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the strategies in use. Antecedent Behaviour Consequence (ABC) charts were used to validate that the strategies outlined were effective and the charts were reviewed regularly by the person in charge and the regional manager.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in October 2014, was comprehensive and was in line with evidence-based practice. Where restrictive practices were in use, the use was guided by a centre-specific policy and followed an appropriate assessment. A risk balance tool was used prior to the use of restrictive practices, multi-disciplinary input was sought, less restrictive alternatives were considered and signed consent from residents was secured where possible.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

**Judgment:**
Compliant

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

Findings:
Residents’ opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Improvements were required to ensure that assessments met residents’ educational/employment/training needs.

The policy on access to education, training and development was made available to the inspector and had been reviewed in October 2014. The majority of residents had reached retirements and a flexible and individualised day service was provided in the centre for each resident. Residents were supported to attend local community day centres in line with their wishes.

Activities included horse riding, arts and crafts, cookery, gardening, shopping and music. Residents were supported to use local services such as the hairdresser, beautician cinema and the post office.

Information was gathered in the discovery document to establish each resident’s education, training and employment goals. The information included in some of the discovery documents was incomplete and was not sufficient to perform a robust assessment to ensure that appropriate opportunities are made available in relation to education, training and development. For example, information in relation to subject areas of interest, literacy skills and work/employment calendar was not recorded in the assessment document.

Judgment:
Substantially Compliant

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

Theme:
Health and Development

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

Findings:
Residents’ healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. The inspector saw that residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. There was clear evidence that there treatment was recommended and agreed
by residents, this treatment was facilitated. Residents’ right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, the inspector saw that staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including occupational therapy, physiotherapy, public health nursing, chiropody, psychiatry, psychology, dental, optical and audiology.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained. A personalised management plan was in place which guided staff in the administration of 'rescue medicine' and all staff had received appropriate training. Residents were supported to visit the neurology clinic regularly and the appropriate recommendations were implemented.

An inspector reviewed the personal plan of a deceased resident and spoke with staff. Staff with whom the inspector spoke confirmed that the resident's dignity, autonomy, rights and wishes had been respected at all times. Specialist input had been sought from palliative care services. Family and friends were suitably informed and facilitated to be with the resident at end of life. The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Personal possessions were returned in a sensitive manner and staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life. The person in charge outlined that the resident's physical, emotional, social, physiological and spiritual needs had been ascertained and met. However, this was not supported in the documentation viewed by the inspector as the end of life care plan had not been updated to reflect the resident's wishes approaching death. In addition, the end of life care plan had not been updated to outline recommendations made by the specialist palliative care team and the 'as required' medicines prescribed to guide staff in supporting the resident.

The inspector saw that end of life plans had been developed which recorded residents' wishes at end of life. The care plans were comprehensive and individualised. However, the plans focussed on care immediately before death and after death. Therefore, information would not be available for residents to guide staff in meeting residents’ needs at times of illness whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents' weights were monitored on a monthly basis and residents' weights were stable and within a healthy range. A process was in place to make referrals to a dietician or speech and language therapist, when appropriate. Residents were encouraged to be active through going for walks and horse riding.
Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. The inspector saw that there were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. The inspector observed that residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents’ needs was available in an easy read format.

**Judgment:**
Substantially 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):**
This was the centre's first inspection by the Authority.

**Findings:**
Medicines for residents were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a medicines management policy which had been reviewed in January 2016. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely. The inspector saw and staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of the inspection.

A sample of medication prescription and administration records was reviewed. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. The inspector saw that the medication administration records indicated that medicines were administered as prescribed. However, the inspector noted that a medicine to be administered twice per week had not been administered as prescribed. This was brought to the attention of the person in charge who investigated the incident.
The inspector saw and residents confirmed that no resident was managing his/her medicines at the time of the inspection. The medicines management policy outlined that residents were encouraged to take responsibility for their medicines, in line with their wishes and preferences. A comprehensive and individualised risk assessment was available which took into account cognition, communication, reception and dexterity. Appropriate controls were outlined in the policy to ensure that the practice was safe.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. Stock levels were checked and reconciled on a daily basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices on an annual basis. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented. Medication incidents and the use of 'as required' medicines were reviewed by the management team on a quarterly basis to identify any trends.

Training had been provided to staff on medication management and the administration of 'rescue medicine' for seizures.

Judgment:
Substantially Compliant
Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in April 2016.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms.
The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had worked with the organisation since 2001 in a management role. The person in charge had completed general nursing training. The person in charge was employed full time by the organisation.

Two persons participating in management (the regional manager and a social care worker) were appointed in the centre to ensure the effective governance, operational management and administration of the centre. The inspector spoke with the social care worker who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the persons participating in management. There were established regular management meetings and the inspector saw minutes of these meetings. The person in charge demonstrated a comprehensive knowledge of the residents and their needs. Residents were observed to be familiar with the person in charge and were comfortable in her presence.

The provider nominee had arranged for an unannounced visit to the centre in the previous six months (March 2016) to assess quality and safety. The inspector read a report of the most recent unannounced inspection. There was evidence that pertinent deficiencies were identified, acted upon and improvements made.

The annual review of the quality and safety of care in the centre from 2015 was made available to the inspector who saw that it was comprehensive and was based on the standards and regulations. Areas for improvement were identified and actions completed in a timely fashion.

**Judgment:** Compliant

**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There had been no periods where the person in charge was absent from the centre for 28 days or more since the commencement of the regulations and there had been no change to the person in charge. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and
There were adequate arrangements in place for the management of the centre when the person in charge is absent. A senior staff member was identified to deputise for the person in charge in her absence. The inspector spoke with the senior staff member who demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to support residents to achieve the goals. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.

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

Findings:
There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support.

There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy. A comprehensive induction process was in place which also included job shadowing and the completion of a competency framework for all new staff.

Staff were observed to be supervised appropriate to their role. Regular staff meetings were held and items discussed included personal planning, rosters, family contact, fire safety, health and safety, policies, finances and medicines management. A formal and meaningful supervision and appraisal system was in place for staff.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included mandatory training and training in medicines management, child protection, restrictive practices, risk management and first aid.

Volunteers received supervision and vetting appropriate to their role and level of involvement in the centre.

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

**Findings:**
The records listed in Schedules 2, 3 and 4 of the regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the regulations were in place and reflected the centre’s practice. These policies were made available to staff who demonstrated a clear understanding of these policies.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents’ records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the regulations.

Residents’ records as required under Schedule 3 of the regulations were maintained. The residents' directory was up-to-date.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the regulations.

**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:

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

| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Clare |
| Centre ID: | OSV-0004873 |
| Date of Inspection: | 27 April 2016 |
| Date of response: | 1 July 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 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: There was no information contained in a resident's personal plan in relation to the meaning of the resident's signs and gesture to ensure that the resident could communicate effectively with all staff.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**
Information has now been updated in the resident's personal plan in relation to the meaning of the resident's signs and gesture to ensure that the resident could communicate effectively with all staff.

**Proposed Timescale:** 27/06/2016

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person responsible for supporting the resident in pursuing goals and the timeframe was not always clearly identified.

2. **Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
All personal plans will be reviewed to ensure that each personal plan identifies a person responsible to pursue and follow up on goals within a set timeframe.

**Proposed Timescale:** 28/07/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of the goals outlined focussed on staff continuing to support the residents in activities of daily living and meeting healthcare needs.

3. **Action Required:**
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.
**Please state the actions you have taken or are planning to take:**
Personal plans to be reviewed to ensure resident’s personal development is maximised in accordance with the person’s wishes.

**Proposed Timescale:** 28/07/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The information contained in one discovery document viewed was not complete.

**4. Action Required:**
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The discovery document has now been updated to contain all the necessary information.

**Proposed Timescale:** 27/06/2016

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A number of risks had not been included in the risk register such as the use of the hoist and bedrails.

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

**Please state the actions you have taken or are planning to take:**
Risk register updated to include the use of hoist and bedrails.

**Proposed Timescale:** 20/05/2016
**Theme: Effective Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The infection prevention and control policy did not include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles.

The training matrix indicated that five staff had not yet completed initial infection prevention and control training and one staff member had not completed initial hand hygiene training.

**6. Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
1. The infection prevention and control policy is currently under review and will include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles.

2. To ensure all staff have attended Infection Prevention and Hand hygiene training

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

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**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:
Four staff required refresher training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**7. Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
All staff will attend refresher training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Proposed Timescale:** 30/09/2016
### Theme: Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The lone working risk assessment did not outline the measures in place to safeguard residents.

**8. 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:**
The lone working risk assessment will be updated to outline the measures in place to safeguard residents.

**Proposed Timescale:** 04/07/2016

### Outcome 10. General Welfare and Development

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The information included in some of the discovery documents was incomplete and was not sufficient to perform a robust assessment to ensure that appropriate opportunities are made available in relation to education, training and development.

**9. Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
Ensure that residents are supported to access opportunities for education, training and employment and this is documented in their personal plans.

**Proposed Timescale:** 29/07/2016

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The end of life care plan had not been updated to reflect the resident's wishes approaching death.

The end of life care plan had not been updated to outline recommendations made by the specialist palliative care team and the 'as required' medicines prescribed to guide staff in supporting the resident.
Care plans had not been developed to guide staff to support residents at times of illness.

10. **Action Required:**
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

**Please state the actions you have taken or are planning to take:**
The team will develop a local procedure which will evidence how a resident is to be supported at times of illness and end of life, which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

**Proposed Timescale:** 04/07/2016

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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 medicine to be administered twice per week had not been administered as prescribed.

11. **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:**
Bi monthly medication audits to be carried out by the person in charge or social care leader to ensure that appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines and to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Proposed Timescale:** 04/07/2016