

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Gentilli House Residential Service
<b>Centre ID:</b>	OSV-0002093
<b>Centre county:</b>	Dublin 9
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	ChildVision
<b>Provider Nominee:</b>	James Forbes
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 17 May 2017 09:30 To: 17 May 2017 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**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 18 outcome inspection was undertaken over three days in October 2015. The centre was granted its registration on the 19 January 2016. 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 spoke with three of the young people availing of the residential placement. The young people told the inspector that they enjoyed spending time in the centre and about some of the activities that they enjoyed participating in while in the centre. The inspector observed warm interactions between the young people and staff caring for them and that the young people were in good spirits.

The inspector interviewed the head of care, person in charge and two social care workers. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision

files.

#### Description of the service:

The service provided was described in the providers statement of purpose. The centre provided residential care for young people who had a vision impairment and may have a diagnosis of a learning disability, aged between 7 and 18 years. The service operated from Monday morning to Friday morning, and the number of nights that young people stayed in the centre varied. Each of the young people were attending the school affiliated with the provider which was located on the same campus. The young people were engaged in a range of afterschool activities which were run on the campus. These included Judo, athletics, music and computer skills classes.

#### Overall Judgement of our findings:

Overall, the inspector found that the children living in the centre were well cared for in the centre and that 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 demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that he remained a fit person to participate in the management of the centre. Of the seven outcomes inspected on this inspection, one major non compliance, a moderate non compliance and two substantial compliances were identified as outlined below.

#### Good practice was identified in areas such as:

- Each child's well being and welfare was maintained by a high standard of evidence-based care and support. (Outcome 5)
- There were appropriate measures in place to keep children safe and to protect them from abuse. (Outcome 8)
- Children's healthcare needs were met in line with their personal plans (Outcome 9)

#### Areas for improvement were identified in areas such as:

- Some improvements were required in relation to infection control and fire safety arrangements. (Outcome 7)
- Systems in place to ensure the safe management and administration of medications were not adequate. (Outcome 12)
- A number of staff had not yet completed mandatory training in manual handling and fire safety. (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):**

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

**Findings:**

Each Young person's well being and welfare was maintained by a high standard of evidence-based care and support.

Each young person's health, personal and social care needs had been fully assessed. There was documentary evidence to show that young people's parents or representatives were involved in assessments to identify their children's individual needs and choices. In addition, there was a multidisciplinary input into assessments.

Each young person had a personal plan in place which detailed their assessed needs, capacities and choices. Individual short and long term goals had been identified for the young people. There was evidence that the implementation of these goals was being monitored regularly and positive outcomes were being achieved. For example, strategies to assist a young person to sleep at night

Each young person's plan was reviewed on an annual basis or more frequently if there was a change of circumstance. There was evidence that the people's family and members of the multidisciplinary team were consulted and involved in reviewing plans. At the time of the last inspection, the inspector found that children were not included in their personal plan reviews. On this inspection, it was evident that young people were invited and were possible attended their personal plan review meetings.

**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:**

In general, the health and safety of children, visitors and staff were promoted and protected. However, some improvements were required in relation to infection control and fire safety arrangements.

There was a risk management policy, dated April 2016, which met with the regulatory requirements. The inspectors reviewed a sample of individual risk assessments for children which contained a good level of detail and were specific to the child. The centre had a risk register in place. Site specific risk assessments pertaining to the environment and work practices had been undertaken and were reviewed at regular intervals, with appropriate controls identified. There was a health and safety policy, dated March 2016 and a safety statement in place. Hazards and repairs were reported and records showed that requests were attended to promptly. There was evidence that a number of health and safety checks were completed on a regular basis.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. A computer based incident management system was used to report all incidents which also recorded actions taken. Overall, there were a low number of incidents reported in the centre. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. However, the centre was in need of painting throughout and there were some broken and missing tiles in some toilet areas. This negatively impacted on infection prevention and control arrangements. There was an infection control policy, dated September 2016. The inspector observed that all areas appeared clean and tidy. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available. There were adequate arrangements in place for the disposal of all waste. The inspector observed that a first aid was available in the office and in both of the centres transport vehicles.

Precautions were in place against the risk of fire. However, mechanical door stoppers and release buttons were not in place. This impacted on one of the children who was a wheel chair user. Otherwise, there was adequate means of escape and all fire exits were

unobstructed. Procedures for the safe evacuation of children during the day and at night, in the event of fire was prominently displayed. Each young person had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the young person. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced by an external company and checked regularly as part of internal checks in the centre. Fire drills were undertaken at regular intervals. A fire evacuation bag containing essential items for the young people was maintained in the staff office. Fire risk assessments had been completed. Staff who spoke with the inspector were familiar with the fire evacuation procedures. However, records showed that a number of staff had not completed fire safety training for an extended period.

Staff spoken with were knowledgeable about manual handling requirements. However, records showed that a number of staff had not attended manual handling training in an extended period. (Actioned under outcome 17).

There was a site specific emergency planning and emergency events policy, dated June 2016 to guide staff in the event of such emergencies as power outages or flooding.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate measures in place to keep children safe and to protect them from abuse.

The centre had a child protection policy, dated March 2016, which was in line with Children First, National Guidance for the protection and welfare of Children, 2011. The contact details for the designated liaison person (as per Children First, 2011) and deputy designated liaison persons responsible for care and protection were listed in the policy. The inspector observed staff interacting with young people in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse

and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and Children First, 2011. There had been no incidents, allegations or suspicions of abuse.

The centre had an intimate care policy and procedure, dated June 2016. The inspector reviewed intimate care plans on a sample of young people's files reviewed. These plans were found to provide a good level of detail to guide staff in meeting the intimate care needs of the young people.

Children were provided with emotional and behavioural support. There was a policy on behavioural management, including the use of physical, environmental and chemical restrictive practices. Only one of the young people availing of a residential placement presented with some behaviour that challenged. Recently revised behavioural support strategies were in place to support this young person. A record was maintained of any challenging behaviour displayed including antecedents and outcomes. This allowed appropriate analysis of same by the young person's psychologist. Records showed that staff had attended training on positive behaviour management support. The person in charge of the centre was a trainer in this area for staff across the service. There were no restrictive practices in use in the centre.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

Children's healthcare needs were met in line with their personal plans and assessments.

In general the young people availing of a residential placement in the centre had low medical support needs or healthcare support requirements. Each of the young people had their own general practitioner and accessed allied health services which reflected their individual care needs. Each young person's health needs were appropriately assessed on admission and met by the care provided in the centre. All recommended treatments were facilitated. There was evidence that the young people had a regular medical review completed. There was a policy and procedure in place on the provision of first aid, dated September 2016. A nurse on call was available to the centre on a 24 hour basis if required. A log was maintained for each of the young people of all contact with their GP and any other health professionals.



The centre had a fully equipped kitchen and a dining area. There was a food and nutrition policy, dated March 2016, in place. A range of nutritious, appetizing and varied foods were available. Meal times were at times which suited the young people. A good supply of healthy snacks were available for the young people to choose from.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Systems in place to ensure the safe management and administration of medications were not adequate.

There was a medication management policy in place, dated September 2016 and medication administration procedure, dated October 2016. There was a secure press for the storage of all medicines. All unused and out of date medications were returned to the children's families. Medication care plans were on file for a number of the young people. The centre had access to a staff nurse on-call on a 24 hour basis whilst the residents were in the centre. All medications and prescription sheets were delivered to these staff nurses from the residents respective homes. The staff nurses then transcribed the medications from the prescription sheets onto medication logs which were then transferred to the centre. Medication was sorted into containers for set times of each day and transferred to the centre by the staff nurses. Staff working in the centre had received appropriate training in the safe administration of medicines. Staff interviewed had a fair knowledge of appropriate medication management practices and medications were administered as per transcribed medication logs.

However, the inspector found that prescribing and transcribing practices were not safe as the centre's transcribed medication logs were not signed by two staff members and did not include the name of the child's general practitioner. A signed copy of original prescription sheets from general practitioners was not available on some files. A copy of the original prescription found on one young person's file did not specify the dose of medication to be delivered yet this medication had been transcribed to a medication log and was being administered to this resident. Instructions regarding the administering of one resident's medication based on certain lab results on a daily basis were not clearly recorded on the transcribed medication logs or signed by the young resident's general

practitioner. An up-to date copy of the original prescription sheet was not available on the young person's file.

There was a system in place to record and follow-up on medication errors. There was a medication error policy and procedure, dated September 2016. There were a low number of medication incidents in the centre. However, a recent error had been identified and reported whereby a young person had been receiving a dose of medication at a different time to that which the young person was receiving their medication at home. This effectively meant that on days when the young person was transitioning between home and the centre or vice versa that the young person was receiving an additional dose of the said medication. This had since been rectified and measures had been taken to prevent the incident from reoccurring for this service user. However, the inspector was not satisfied that appropriate learning had been gained from the incident so as to prevent a similar incident for another service user. All prescriptions in the centre were being transcribed which is a high risk activity with the potential for inadvertent mistakes in transcription, omissions or duplication of medicines.

**Judgment:**

Non Compliant - Major

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, the system in place to review and monitor safe medication management practices required improvement.

There was a clearly defined management structure which identified lines of authority and accountability in the centre. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The person in charge reported to the head of care, whom he met with formally and informally on a regular basis. On call arrangements were in place and staff were aware of these and the contact details. In the absence of the person in charge, a staff member was identified as being in charge of the shift on the staff roster.

The person in charge was in a full time position and did not hold responsibility for any other designated centre. He had been working within the service for more than 30 years and had been working in the centre for over five years. The inspector found that the person in charge had a good knowledge of the requirements of the regulations and standards. Staff interviewed told the inspector that he was approachable and supported them in their role. Young people were observed to interact warmly with him. The person in charge also had a clear insight into the health needs and support requirements for the five young people availing of residential care in the centre. The person in charge participated in a sleepover shift in the centre one night per week.

An annual review of the quality and safety of care in the centre had been undertaken for 2016 as per the requirements of the regulations. This had been made available to young people and their families. Unannounced visits had been undertaken to assess the quality and safety of care once every six months that the centre was opened. A parent and guardian survey had been undertaken in 2016. The results of which indicated parents high levels of satisfaction with the service. There was evidence that the person in charge had undertaken audits of children's log books and person centred plans and that issues identified had been appropriately addressed.

The systems in place to review and monitor the quality and safety of the service with regard to medication management were not adequate. There was evidence that the providers staff nurses undertook monthly medication audits in the centre. However, these audits focused on practices within the centre for the administration of medicines and did not include an audit of prescribing and transcribing practices. All prescriptions in the centre were being transcribed which is a high risk activity with the potential for inadvertent mistakes in transcription, omissions or duplication of medicines. In line with HIQA's medicines management guidance, the practice of transcribing should be subject to regular audit.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

There were appropriate staff numbers and skill mix to promote the safe delivery of services and to meet the assessed needs of the young people living in the centre. However, a number of staff had not yet completed mandatory training in manual handling and fire safety.

There was a recruitment policy in place. At the time of the last inspection, a sample of staff files were reviewed and found to contain all of the information as required by schedule 2 of the regulations. No new staff had been recruited since that inspection. The staffing levels, skill mix and experience of staff were sufficient to meet the needs of the young people living in the centre. There was an actual and planned staff roster in place. The staff team had all worked in the centre for a number of years. This provided consistency of care for the young people.

There was a staff training and development policy in place. Staff interviewed were knowledgeable about policies and procedures in place. The inspectors observed that a copy of the standards and regulations were available in the centre. A training programme was in place for staff. Training records showed that staff had attended some mandatory training and other training to meet specific needs of the young people living in the centre. For example, impact of visual impairment on child development. However, a number of staff had not attended fire safety or manual handling training for an extended period. A date for same had been identified.

There were staff supervision arrangements in place, whereby all staff were supervised by the person in charge. There was a staff supervision policy in place dated November 2016. The inspector reviewed supervision records for four members of staff and found that they were of an adequate quality and had been undertaken in line with the frequency detailed in the providers policy.

There were no volunteers working in the centre at the time of inspection.

**Judgment:**

Substantially Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Maureen Burns Rees  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by ChildVision
<b>Centre ID:</b>	OSV-0002093
<b>Date of Inspection:</b>	17 May 2017
<b>Date of response:</b>	10 July 2017

### 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 centre was in need of painting throughout and there were some broken and missing tiles in some toilet areas. This negatively impacted on infection prevention and control arrangements.

#### **1. Action Required:**

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

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:**

The broken tiles have now been replaced and the house is scheduled for painting during the summer months. The entire house is scheduled to be replaced with a new facility at some as yet unspecified point after June 2018 but this does not interfere with the on-going refurbishment of identified hazards such as the broken tiles.

**Proposed Timescale:** 01/08/2017

**Theme:** Effective Services

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

Mechanical door stoppers and release buttons were not in place. This impacted on a small number of children who were wheel chair users.

Records showed that a number of staff had not completed fire safety training for an extended period.

**2. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The issue of mechanical door stoppers and release buttons will be addressed in the new build as a matter of priority.

Fire training for all social care staff will be completed before young people return for the new school term.

**Proposed Timescale:** 31/08/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Transcribing practices were not safe. The centre's transcribed medication logs were not signed by two staff members and did not include the name of the child's general practitioner.

A signed copy of original prescription sheets from general practitioners were not available on some files.

A copy of the original prescription found on one resident's file did not specify the dose of medication to be delivered yet this medication had been transcribed to a medication log and was being administered to a child.

Instructions regarding the administering of one child's medication based on certain lab results on a daily basis were not clearly recorded on the transcribed medication logs or signed by the child's general practitioner.

The process for responding to and learning from medication errors was not effective. The inspector was not satisfied that there had been appropriate learning from a recent medication error so as to prevent a reoccurrence.

All prescriptions in the centre were being transcribed which is a high risk activity with the potential for inadvertent mistakes in transcription, omissions or duplication of medicines.

### **3. 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:**

Centre closed from June until September 2017. A new system will be put in place whereby one nurse will transcribe a prescription and, separately, another nurse will check the accuracy of this transcription. Subsequent to this, the transcription will be further checked by the social care team leader, each step in this process being attested to by signature. Regular audits of medication management and practices to be undertaken.

As from July 2017, parent's/guardians of the young people in residence are being required to provide an up-to-date prescription from their young person's family GP outlining medication name, dosage, administration frequency and any additional requirements.

Specific protocols in relation to medication administration derived from lab results will be, henceforth, included in the young person's medication log and signed by the young person's GP.

**Proposed Timescale:** 31/08/2017

## **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management



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

The systems and procedures for monitoring the safety and quality of care with regard to medication management were not adequate.

**4. 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:**

As part of the new transcribing system to be put in place an audit system of transcribing practice will also operate twice a year

**Proposed Timescale:** 31/08/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A number of staff had not attended fire safety or manual handling training for an extended period.

**5. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All social care staff will receive refresher manual handling and fire safety training before the young people return for the new term.

**Proposed Timescale:** 31/08/2017