

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	South Clondalkin
Centre ID:	OSV-0003921
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Philomena Gray
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 10 August 2017 10:30 To: 10 August 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. The first inspection of the centre was conducted in May 2015 following an application by the provider to register the centre under the Health Act 2007. A follow up inspection was conducted in October 2016. For both inspections, the centre consisted of three houses. However, following the last inspection, the provider removed one house from under the management of this designated centre. As a result, this was the first inspection of the centre in its new format of two houses and was conducted to determine if the centre could be registered under the Health Act 2007.

How we gathered our evidence:

As part of this inspection, the inspector met three residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre is two houses located in Co. Dublin. Services were provided to male and female residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The findings of this inspection demonstrated that the provider had appropriately responded to failings identified on previous inspections. The governance and management structure in the centre had been strengthened which in turn resulted in an improvement in the quality and safety of care provided to residents. This was evident through the opportunities residents had to engage in activities in line with their interests and capabilities.

Additional improvement was identified in areas such as medication management and fire management systems.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that the practices of the centre promoted the privacy and dignity of residents. There had been improvements in the opportunities that residents had to exercise choice and autonomy in their lives. There had also been an increase in the activities residents participated in, with a move towards individualised care as opposed to group activities.

There were policies and procedures in place for the receipt and management of complaints. The persons nominated for the receipt and management of complaints was displayed in a prominent location. The inspector found that if dissatisfaction was expressed by a resident and/or their family, they were acknowledged and addressed.

Each resident had their own bedroom. This enabled personal activities to be undertaken in private. Adaptations had been made to the bathroom in one house. As a result, residents could now choose to have a bath upstairs or use the downstairs shower. Residents' personal documentation were observed to be locked away to ensure confidentiality. Staff were observed to engage with residents in respectful manner.

Additional staffing had been provided in one of the houses. As a result, residents were supported to engage in activities in line with their interests and capabilities. The staff roster had been changed to facilitate an individualised approach to activities. All residents attended a formal day service. Residents were supported in the evening and weekends to go for walks, have beauty appointments, go for afternoon tea or partake in sporting events.

A new format of residents' meetings had been developed. The inspector reviewed a sample of minutes and found that they addressed relevant topics including adaptations to the house, health and safety and recreational activities. Augmentative communication was trialled at the last meeting and management stated that going forward this will be the method used to increase the relevance of these meetings.

Judgment:

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):

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

Findings:

Residents were supported to maintain links with families and friends. This included regular visits and phone calls.

There had been a discharge of a resident in one house. The vacant bedroom had been converted to a recreational room, which increased the amount of communal space and allowed for an area that residents could meet visitors in private outside of their own bedrooms.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The provider was in the process of rolling out a new personal planning system. The inspector reviewed a sample of personal plans and found that the system promoted residents' involvement. However, there remained a need to ensure that identified social care needs were based on a comprehensive assessment. There was also an absence of a review to identify the effectiveness of previous plans.

Of the sample of personal plans reviewed, the inspector found that they had all been reviewed since the last inspection. Residents' personal plans were in the process of being uploaded onto tablet computers. A resident demonstrated to the inspector how the pictures and audio on the tablet assisted them in being aware and involved in their personal planning process. The inspector also found that residents were supported to achieve their goals. For example, residents in one house were on holiday on the day of the inspection. While the inspector found that goals were more holistic such as developing and maintaining relationships, some goals were still one off activities such as going to the pub or purchasing a tablet. There was also an absence of an assessment to demonstrate the social care need which was being met. Goals were identified at monthly key working sessions. However, if a goal was identified in one month such as attending a cooking class, it was not reviewed at the following key working session to identify if it was effective.

There had been meetings with family members in which the residents' needs were discussed.

Residents were referred and had access to Allied Health Professionals if a need arose. This included referrals to pastoral care following bereavement.

One resident had been transferred to another house within the centre. The inspector found that this was completed in a planned manner and involved the consultation of all residents. A review had also been completed of the transition which demonstrated that it had been successful. The resident told the inspector that they were happy in their new home.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the two houses were clean and suitably decorated. Bedrooms and communal areas were reflective of the residents living there. There had been a discharge of two residents from one of the houses since the last inspection which increased the communal space available to residents. The inspector was told by management that it was the intention for one resident to move in. They assured the inspector that this admission would consider the limited communal space available in one of the houses.

As stated previously adaptations had been made to the bathroom in one of the houses. As a result there were sufficient washing facilities available as of this inspection. There had also been redecoration done to areas of one house. Management stated that there were plans to redecorate as requested by residents in the future, with some painting occurring while residents were on holidays. Some residents showed inspectors their bedrooms and expressed that they were happy with them. There was also adequate kitchen and laundry facilities in both houses. There were external grounds for use by residents in both houses.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The centre had systems in place for the assessment and management of risk. Overall, the inspector found that the systems promoted the health and safety of residents, staff and visitors. Improvements were required to the arrangements in place for the containment of fire and to ensure all residents could be evacuated to a place of safety in the event of an emergency.

There were policies and procedures in place for risk management. They contained all of the requirements of Regulation 26. There had also been a risk register developed since the last inspection which identified all of the operational, clinical and environmental risks

within the centre. Individual risk assessments had also been completed for residents which identified the control measures in place to reduce the risk. Additionally the inspector found that risk management did not reduce residents' independence. The inspector reviewed a sample of accident and incident report forms and found that appropriate action was taken following adverse events.

There were systems in place for the prevention and management of fire. This included the provision of a fire alarm, emergency lighting and fire extinguishers. Service records confirmed that they were maintained by appropriate professionals and at regular intervals. The provider had commissioned a review by a relevant professional of fire containment measures. Actions had been identified to address deficits and the timeframe for completion is stated in the action plan at the end of this report. Staff had received training in the prevention and management of fire and were aware of the actions to be taken. However, a review of fire drill records did not demonstrate that all residents could be evacuated to a place of safety in an appropriate time frame. In one instance, the time taken to evacuate was not recorded. In another instance, a resident was identified as not wanting to evacuate. However, the inspector was not assured that all alternatives had been explored to address this. This was communicated to management at the closing inspection, who confirmed that it would be addressed.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Residents were observed to be comfortable within their home and in the presence of staff. They told the inspector that they liked their home. There were policies and procedures in place for the safeguarding of residents. The inspector found that they were initiated if required and appropriate actions were taken. Staff had received training in what constitutes abuse and the action to be taken.

Positive behaviour support was provided within the centre and was guided by the appropriate professionals. Incident records demonstrated that proactive strategies were

implemented on a daily basis and reactive strategies used if required. There were no restrictive practices in the centre as of the day of inspection.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

The provider had informed HIQA of all adverse events as required by Regulation 31.

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:

The inspector found that the centre promoted the health and wellbeing of residents. However, improvements were required to ensure that plans of care were implemented in practice.

Each resident had a health assessment which had been overseen by the relevant health care professional. If a need was identified a plan of care was in place. Residents were supported to attend their General Practitioner (GP) if a need arose. They were also referred and assessed by allied health professionals. However, the inspector found that there was inadequate oversight of the fluid and food intake of a resident who had a specific dietary need which increased the risk to their health.

Residents were involved in choosing the meals and the centre had introduced a daily alternative option. Residents were encouraged to be involved in the preparation of meals and their preferences clearly documented.

Judgment:

Substantially 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):

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

Findings:

The inspector found that work had commenced to ensure that there were safe medication management practices. However, further work was required to ensure that medication was administered at the times prescribed and that prescription records contained all of the necessary information.

There were medication management policies and procedures in place. Staff had also received training in the safe administration of medication. Medication was stored in a secure location. The provider was in the process of introducing new prescription and administration records. However, the inspector found that one prescription record did not contain all of the necessary information. For example, the date of birth and the name of the resident's GP were omitted. Furthermore, the inspector found two instances in which a resident's medication had not been administered as prescribed. However, there was no reason available for why this occurred.

There was guidance in place for the circumstances in which p.r.n (as required) medication was to be administered.

There was a system in place for the receipt and return of medication to and from the centre. However, medication which had been received the day prior to the inspection had not been accounted for.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The Statement of Purpose submitted to the centre was not reflective of the reconfiguration which had occurred in June 2017. The provider confirmed that a revised statement of purpose would be submitted to HIQA post inspection.

Judgment:

Substantially 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):

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

Findings:

There had been a significant improvement to the systems in place to ensure that the service provided was safe and effective. There had also been a change to management within the centre since the last inspection and the addition of a person participating in management.

A finding from the previous inspection was that the person in charge could not ensure the effective management of the centre due to the role within the wider organisation. Following this the provider appointed a social care leader who has responsibility of the two houses in the centre and an additional residence which does not constitute a designated centre. The social care leader was nominated as a person participating in

management and was formally interviewed by HIQA. They were found that have sufficient knowledge of the regulations and to have oversight of the care and support to be provided to residents.

There was a clear reporting structure in which the social care leader reported to the person in charge. The person in charge was the residential coordinator and reported to the residential programme manager. The residential programme manager reported to the regional director who is the contact person for HIQA. There were regular formal meetings between each of the pre mentioned in which issues were escalated based on risk. For example, day to day issues such as residents' needs were addressed between the person in charge and the social care leader. However issues of risk or requiring additional resources were escalated to senior management.

There was a schedule of audits which were conducted in the centre in areas such as personal planning or finances. Actions arising were transferred into an overall quality plan for the centre. The inspector found actions were addressed or in the process of being addressed as of the day of inspection.

There had also been an unannounced visit completed by the provider and a report generated. An annual review of the quality and safety of care had been completed and included the views of residents and/or their representatives. Areas of improvement from each had been included in the quality plan for the centre.

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):

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

Findings:

There had been additional staff allocated to the centre since the last inspection and a change in the times staff worked. As a result, the inspector found that there were sufficient staff available to support residents. Due to absences the centre did not have the full complement of staffing on the roster. This was addressed through the use of regular relief staff which ensured continuity of care. Relief staff also received an induction to the centre on their first day.

Staff had received mandatory training such as manual handling. Additional training had been provided in basic first aid and positive behaviour support. Staff also received formal supervision on a regular basis in which work practices were discussed.

The inspector did not review staff files on this inspection and there were no volunteers 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):

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

Findings:

The inspector confirmed that all the records as required by Schedule 3 and 4 were maintained within the centre.

The policies as required by Schedule 5 were also available within the centre and had been reviewed within the previous 3 years.

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003921
Date of Inspection:	10 August 2017
Date of response:	28 August 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 05: Social Care Needs

Theme: Effective Services

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

Personal plans were not consistently reviewed to assess the effectiveness of goals.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All residents have recently began the Person Directed Planning Process. This is a step by step process, staff do not move on to the next stage until appropriate review has occurred. In addition to this, Step 4 includes a monthly tracking form. Step 5 includes an overall review. Step 4 & 5 to be reached by Jan 2018.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Identified social care needs were not based on a comprehensive assessment.

2. Action Required:

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

At present the PDP process involves assessing people in a holistic approach, this includes gathering information from various sources such as family, friends and staff as to the social care needs of each person. Comprehensive assessments such as POMs or the Discovery process are often used in tandem with this. We also use a Using Your Environment tool to assess areas of interest for development with day-to-day skills. A review of the approach will be conducted and recommendations will be made as to ensure a formal assessment is included.

Proposed Timescale: 30/03/2018

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 review of fire drill records did not demonstrate that all residents could be evacuated to a place of safety in an appropriate time frame.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. The importance of recording the time it takes to escape during a fire drill to be discussed at next team meeting on 21.08.2017.
2. SCL to inspect each fire drill and note any error recorded and sign same.
3. Fire prevention Officer contacted as of 14.08.2017 to discuss resident who declines to evacuate. His suggestions included highlighting this upon calling emergency services and also ensuring the information is on her Personal Evacuation Plan. Site Specific Emergency Plan updated on 16.08.2017 to reflect this information.

Proposed Timescale:

1. 21.08.2017
2. 30.09.2017
3. 16.08.2017

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

The measures in place for the containment of fire were not suitable.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A review of fire doors and effective containment was conducted in June 2017. These recommendations will be carried out. These works have been put out for tender.

Proposed Timescale: 30/12/2017

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:

There was inadequate oversight of the fluid and food intake of a resident who had a specific dietary need which increased the risk to their health.

5. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

Fluid and food intake of a resident recorded as of 16.8.17

Proposed Timescale: 16/08/2017

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:

One prescription record did not contain all of the necessary information. The inspector found two instances in which a resident's medication had not been administered as prescribed.

6. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Local procedure in regard to medication updated as of 16.08.2017. Staff team emailed on 16.8.17 and to be discussed at Team Meeting on 21.08.2017. Medication variance forms are completed for any medication errors and actions are drawn up where appropriate to do so. This ensures learning and amending of systems where needed.

Proposed Timescale: 21/08/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose submitted to the centre was not reflective the reconfiguration which had occurred in June 2017.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Updated Statement of Purpose has been submitted, this is in line with the new reconfiguration.

Proposed Timescale: 15/08/2017