Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Shalom
Centre ID:	OSV-0004873
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
20 July 2017 09:30	20 July 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
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:
The purpose of this unannounced inspection was to monitor the centre's ongoing regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:
The inspector met with one resident, two staff members, the regional manager and the person participating in management during the inspection process. The person in charge was unavailable on the day of the inspection. The inspector reviewed practices and documentation, including residents' personal plans, staff files, complaints records, medication related documentation, policies and procedures, fire management related documents and risk assessments.

Description of the service:
The service was provided by the Brothers of Charity Ireland and was located outside a town in Co. Clare. The centre comprised of a bungalow with a kitchen and dining area, sitting room, bedroom spaces and bathroom. One bedroom in the centre

offered en-suite facilities. The centre also comprised of a self-contained apartment which was accessible to residents who wished to promote their independence. The centre provided both a full and part-time residential service to adults with a disability..

The person in charge had the overall responsibility for the centre and was supported in their role by the person participating in management, the regional manager and the provider. The person participating in management, who holds an operational role in the centre, was deputising for the person in charge at the time of the inspection. The person in charge was full-time and regularly visited the centre each week to meet with both staff and residents.

Overall judgment of our findings:
Overall, the inspector found this centre provided an individualised service for residents living there. Daily routines were determined based on residents' needs and preferences and staff who spoke with the inspector were very familiar with the residents and their daily support needs. There were eleven actions required from the centre's previous inspection, and the inspector found all actions were satisfactorily completed. However, the inspector found as apart of the inspection that further improvements were required in relation to residents' rights, dignity and consultation, social care needs, health safety and risk management, safeguarding and medication management.

The inspector found that of the ten outcomes inspected, five outcomes were compliant, two outcomes were substantially compliant and three outcomes were in moderate non-compliance.

These findings are discussed further in the report and included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that residents' rights and dignity were respected at the centre. Residents were given opportunities to choose how they wanted to spend their day and were regularly consulted on the running of the centre. No actions were required from the previous inspection, however some improvements were required upon this inspection to the complaints policy and procedure.

Residents were supported to have their own bank account and bank card. Up-to-date financial assessments were in place for each resident which demonstrated the level of staff support each resident required to enable them to manage their own finances. The centre maintained some residents' money and the inspector found records were in place to show all transactions and lodgements made by residents to their accounts. The inspector observed that where staff supported residents with purchases, copies of receipts were maintained and checked against residents' accounts. Daily balance checks were carried out by staff on residents' accounts and a further monthly check completed by a member of management to ensure that all transactions and lodgements made by residents were accounted for. The inspector checked residents' financial records with a staff member on the day of the inspection and no errors were found. Residents had access to advocacy services through an external agency and information regarding this service was available at the centre.

The centre had no active complaints at the time of the inspection. The centre had a complaints register in place which contained records of all previous complaints. Upon review of these complaints, the inspector found that the provider had recorded the nature of the complaints, the response to the complaints, the outcome of the complaints

and the complainants' satisfaction. The complaints policy was available to staff, residents and visitors in the main hallway of the centre and an easy-to-read version of this policy was also available to residents. Staff who spoke with the inspector were knowledgeable in their responsibility for the local management of complaints, however the inspector found that the complaints policy did not provide guidance on who were the nominated persons to deal with complaints at the centre.

Judgment:
Substantially Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
One action was required from the previous inspection and this action was found to be satisfactorily completed.

Since the last inspection, the inspector found significant improvements had been made to residents' communication need documentation. Some residents living in the centre used gestures, specific vocalisations and objects of reference to communicate with staff. The inspector found these communication methods were well documented within residents' personal plans.

Easy-to-read versions of documents were available in the centre and residents were observed to have good access to multi-media devices such as television and radio.

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

Findings:
In the main, the inspector found residents' social care needs were met by the centre. Adequate resources were put in place to meet residents' assessed social care needs and residents had opportunities each day to take part in activitieis that were of interest to them. There were three actions required from the last inspection and the inspector found all actions were satisfactorily completed. However, some improvements were required to residents' personal goals.

Residents living in the centre were assessed as requiring one-to-one staff support when engaging in social activities. The inspector found the provider had adequate staffing resources in place to provide this level of support to residents. The centre also had access to full-time transport. Residents had weekly social schedules in place which demonstrated their preferred social routines. The inspector observed residents were regularly supported to go horse-riding, swimming, farming activities, gardening, have shopping trips and have their meals out. Day-services were also available to residents each week if they wished to attend.

Since the last inspection, significant improvements were made to the overall assessment of residents' needs. A discovery information record was comprehensively completed for each resident and considered residents' health, environmental, psychological and social needs. These assessments were up-to-date and clearly guided on the supports required by residents each day. Personal plans were also in place for each resident and a contact record was maintained by staff to demonstrate the involvement of residents, their families and various allied health professionals in the development of these plans.

Improvements were also found to residents' personal goals, with goals in place which focused on residents' interests and personal development skills. Action plans were developed to guide on what actions were required to achieve goals, and identified the named persons nominated to support residents towards achievement. Staff told the inspector about the progress made by residents towards achieving their goals and this was regularly reviewed by residents' key-workers. However, the inspector found that residents'' records were not updated to reflect goal progress. In addition, not all goals had measurable timeframes in place to indicate the next time goals would be reviewed.

No residents were transitioning to or from the centre at the time of this inspection.

Judgment:
Non Compliant - Moderate

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:
Overall, the health and safety and welfare of residents', staff and visitors was safeguarded within the centre. Two actions were required from the previous inspection and these were found to be satisfactorily completed. However, some improvements were required to the centre's fire management system.

The provider had systems in place for the identification, assessment, monitoring and review of risk within the centre. Risk assessments were in place for the assessment of residents' specific risks. A sample of these were reviewed by the inspector and these were found to be up-to-date, clearly identified the risk being assessed and the control measures in place to mitigate risks. A risk register was in place to facilitate the assessment and on-going review of organisational specific risks. Since the last inspection, the register was updated to include the risks associated with the use of bedrails and manual handling equipment in the centre. Staff who spoke with the inspector demonstrated a good understanding of the risk register and how it supported the risk management at the centre.

The provider had fire safety systems in place which included regular fire drills, daily and monthly fire checks, regular maintenance of fire equipment and fire safety training for all staff. Fire drills were regularly conducted and involved all residents at the centre. Personal emergency evacuation plans were in place for each resident which guided staff on the level of support required to safely evacuate residents from the centre. On the day of the inspection, the inspector observed that evacuation plans did not adequately guide staff on what to do when residents experienced behaviours that challenge during an evacuation, or were evacuated from their bedrooms. The inspector brought this finding to the attention of staff on the day of the inspection and this was rectified before the close of the inspection.

A fire panel was in place to alert staff to the location of a fire in the centre. Each area of the centre was allocated a specific fire zone and information was displayed at the fire panel on the exact location of these zones. Various guidance was displayed throughout the centre on how to respond to fire and evacuation in the centre. Staff who spoke with the inspector were very aware of their responsibility in the event of a fire and of how they would alert for additional staff support if required. However, the inspector found gaps in the fire procedure displayed where it failed to accurately guide staff on how to identify the location of fire and the exact arrangements in place for alerting the emergency services.

Since the last inspection, the infection control policy was updated and included guidance

on the management of and response to outbreaks of common infections such as influenza, scabies, rotavirus and chickenpox/shingles.

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

Findings:
The provider had systems in place for the detection, response and management of abuse. Residents with behaviours that challenge were supported through a multi-disciplinary approach. The actions required from the previous inspection were satisfactorily completed, however some improvements were required in the management of restrictive practices.

There were residents living in the centre who presented with behaviours that challenge. Staff who spoke with the inspector said there was a particular emphasis in the centre on the management of self-injurious behaviours. The inspector observed that residents' behaviours were regularly assessed and that they were supported by a behaviour support specialist and psychologist in the development of behaviour support plans. Behavioural support plans were found to be comprehensively written, detailing the general profile of the resident, the typical behaviours they present with, specific triggers and therapeutic de-escalation techniques. Behaviour support plans were also found to link with crisis management plans as required. A record of behavioural incidents was maintained and trended each month to identify any increase in the occurrence of self-injurious behaviours. The inspector observed a recent increase in the occurrence of these behaviours, and staff were able to demonstrate to the inspector the rationale for this and the additional behavioural support measures put in place to respond to it. All staff had received up-to-date training in the management of behaviours that challenge.

Some residents living in the centre had requested to use bedrails at night. Staff informed the inspector that risk assessments and protocols were in place to support the residents' request. Upon review, the inspector observed a large gap between the residents' mattress and the bedrail which posed a risk of entrapment to the resident.

The inspector brought this to the attention of staff members who informed them that maintenance work was scheduled to be completed on the day after the inspection. Staff also informed the inspector that in the interim, measures were being taken at night to close this gap to ensure the residents' safety was maintained. However, the bedrail risk assessment did not reflect the current and additional control measures in place to mitigate the risk of entrapment. In addition, the restraint protocol did not advise staff on the interim measures to manage the risk of entrapment or on the supervision arrangements for residents at night time while using the bedrails. A review of the use of bedrails was regularly conducted, however, the inspector observed that this review did not always consider multi-disciplinary involvement.

There were no active safeguarding concerns in the centre at the time of this inspection. All staff were found to have up-to-date training in the safeguarding of vulnerable residents.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Residents had opportunities for new experiences, social participation, education and training. Adequate arrangements were in place to ensure residents were suitably supported in these areas. The action required from the previous inspection was found to be satisfactorily completed.

Since the last inspection, improvements were made to the completion of the discovery information to ensure it captured the wishes and preferences of residents who wished to engage in education and employment. The inspector reviewed a sample of these assessment documents and found they gave consideration to residents' current skill set, desires to enhance their skills, interests and capabilities. There were no residents engaging in education courses or employment at the time of this inspection. However, staff informed the inspector that residents were supported by staff to enhance various personal development skills which included gardening and the use of keys and locks.

Judgment:

Compliant

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

Theme:
Health and Development

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

Findings:
Overall, residents' healthcare needs were met in line with their personal plans and through timely access to healthcare services, appropriate treatments and services. The actions required from the previous inspection were found to be completed.

Some residents living in the centre had specific healthcare needs. The inspector found these needs were assessed annually and personal plans were in place to inform staff on how to support residents' needs. Staff who spoke with the inspector were very aware of each residents' healthcare needs and the indicators they were to observe for where residents may require additional medical attention. Residents had access to a wide variety of allied healthcare professionals to include chiropodists, physiotherapists, dieticians, speech and language therapists, audiologists and opticians. A record of the previous appointment dates residents had with these allied healthcare professionals was maintained in each residents' file.

Residents had access to a dining and kitchen area which was fully equipped with cooking appliances. Meals were prepared with residents and residents were facilitated to cook if they wished to. Meals time menu options were resident led and residents' food likes and dislikes were well documented in their personal plans. Where residents had specific nutritional needs, guidance was available to staff on the food types residents were to incorporate into their diet.

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

Findings:
There were written operational policies and procedures which related to the ordering, prescribing, storage and administration of residents' medications. The action required from the previous inspection was found to be completed, however further improvements were required to themedication administration documents and the assessment of residents' ability to self-administer their own medication.

Medications, prescription sheets and administration records were stored in a double locked press. Medications were individually dispensed and were clearly labelled with residents' details. Since the last inspection, regular medication audits had been completed by the person in charge.

The inspector reviewed a sample of residents' prescription sheets. The inspector found that records provided information such as the residents' personal details as well as the medication prescribed , its dosage, route and time of administration. Each prescription sheet outlined the date of the medication had commenced or been discontinued by the residents' General Practitioner. Where residents were prescribed short-term medications, a copy of the original prescription sheet was maintained by the centre. Numerical medication administration records were in place for staff to sign following the administration of residents' medication. However, the inspector observed gaps in the documentation of some medication administrations.

No residents were self administrating their own medications at the time of inspection. However, the inspector found that residents were not routinely risk assessed for self-administration upon admission or thereafter, to assess their capacity to take responsibility for their own medication in-line with their age and the nature of their disability.

All staff had up-to-date training in the safe administration of medications.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The inspector found that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge was unavailable on the day of the inspection, however, adequate governance arrangements were in place in their absence. The person participating in management and the regional manager met with the inspector on the day of the inspection. Both were found to be knowledgeable of the operations of the centre and in regard to the functions and responsibilities in supporting the person in charge. The person participating in management informed the inspector that they held an operational role in the service and that the person in charge held an administrative role, with regular visits to the centre each week. The inspector observed various systems were in place to support the governance of the centre and included risk management systems, auditing programmes, regular reviews of deadline achievements and incident reporting systems.

Staff meetings were held on a regular basis and these were attended by members of management. Regional meetings occurred on monthly basis and staff working in the centre were informed at their own team meetings of any operational developments they were required to be aware of.

An annual review of the service was completed by the provider's representative. Six monthly audits were also conducted and action plans were in place to identify how the centre planned to bring the centre into compliance. The inspector reviewed these action plans with the person participating in management and found all action were up-to-date, with no actions overdue.

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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector found that there were appropriate staff numbers and skill mixes to meet the assessed needs of residents. No actions were required from the previous inspection.

The provider had adequate staffing arrangements in place to meet the one-to-one needs of residents living in the centre. The person participating in management told the inspector that sufficient staffing resources were in place to meet the needs of the roster. The centre were not availing of agency staff at the time of this inspection.

The roster was also reviewed by the inspector and was found to be well maintained and clearly identified the staff rostered for duty and their start and finish times. Regular staff supervision was co-ordinated by the management team, with staff supervision on-going at the time of inspection. A sample of staff files was reviewed by the inspector and found to contain information required by schedule 2 of the regulations.

Training records reviewed by the inspector demonstrated the nature of staff training conducted within the centre. Staff had received training in areas such as safeguarding, management of behaviours that challenge, infection control, manual handling and fire safety.

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:

Anne Marie Byrne
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[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004873
Date of Inspection:	20 July 2017
Date of response:	04 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the centre's complaints policy and procedure adequately informed residents on who were the centre's nominated persons to deal with complaints.

1. Action Required:

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

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The organisational complaints procedure will be reviewed and updated to guide residents on who the centre's nominated person/s are to deal with complaints at the centre.

Proposed Timescale: 15/09/2017

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 provider failed to ensure that timeframes were identified for the review of residents' personal goals and that the progression of personal goals was reviewed and updated.

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:
The PIC will ensure the personal plans of each resident are updated to ensure there is a clear pathway of goal progression within agreed timeframes and named person's responsible for each of the goals outlined.

Proposed Timescale: 31/10/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the fire procedures displayed at the centre adequately guided staff on the procedures to be followed in the event of a fire.

3. Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the

designated centre.

Please state the actions you have taken or are planning to take:
The PIC will ensure that the fire procedures are displayed in a prominent place in the centre giving clear guidance to staff on the procedures to be followed in the event of a fire.

Proposed Timescale: 15/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the use of bedrails:
- were appropriately risk assessed for
- reviews were carried out in a multi-disciplinary manner

4. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
• The PIC will ensure that the risk assessment and restraint protocol in place for the use of bed-rails is reviewed and updated to include current and additional control measures in place to mitigate the risk of entrapment.
• The PIC will ensure multi-disciplinary involvement in all reviews of the use of bed rails.

Proposed Timescale: 15/09/2017

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:
The provider failed to ensure a capacity assessment was completed on each resident to ensure residents were encouraged to take responsibility for their own medications.

5. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
The PIC has ensured that each resident has a medication self-assessment completed.

Proposed Timescale: 25/07/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure each medication administration was recorded within residents' medication administration records.

6. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Bi-monthly medication audits will be carried out by PIC or PPIM to ensure that appropriate and suitable practices relating to the administration and recording of medicines are adhered to as per the medication management procedure.

Proposed Timescale: 15/09/2017